# A Course of Lectures
ON
# PAIN,
AND THE
# THERAPEUTIC INFLUENCE OF MECHANICAL AND PHYSIOLOGICAL REST
IN
# ACCIDENTS & SURGICAL DISEASES.

*Delivered in the Theatre of the Royal College of Surgeons,*

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## LECTURE I.—Part III.

*A large abscess in the dorsal region absorbed.*

I have here the drawing of the back of a man who had a very large abscess projecting backwards, and associated with diseased spine in the dorsal region. That large abscess, holding, I should think, a pint and a half of fluid, received a distinct impulsive movement from the interior of the chest during coughing or a full inspiration. By rest in bed for several months the spine disease was cured; and by blistering and rest the abscess subsided—in fact, was gradually absorbed. This case was under my care at Guy's Hospital last summer; I have seen the man quite lately, and he has not the slightest remains of anything wrong about the spine, and the abscess does not now exist in the slightest degree.*

It may be asked—What are the conditions of an abscess associated with hip-joint disease which recommend or justify making an opening into it by the surgeon? I should say, with all reasonable submission to the experience which I see before me—If the abscess be enlarging very rapidly, and Nature seems incompetent, from her feebleness (a bad indication), to make a successful effort to limit it by a natural barrier, the opening may be made, and half, or more, of the pus be drawn off (without squeezing the abscess.) The opening should be immediately and carefully closed up, lest the outpouring of the fluid may be continuous, and a drain of pus be produced so as to affect the general health; the abscess to be subsequently supported by plaster or bandage, in order to keep it at rest.

If the walls of the abscess be inflamed, hot and painful, with great febrile and constitutional disturbance,—or if the abscess contain air, (resonant on percussion,) from decomposition, mixed with the fluid, the opening ought to be made complete, large enough, and at the most depending part of the abscess, so as to allow gravitation to determine at once the evacuation of the whole of the fluid in the abscess. And subsequently the walls of the abscess should be kept in contact for the purpose of inducing, by pressure and rest, mutual adhesion, and of limiting the extent of surface capable of secreting too abundantly *pus*, *serum*, or *lymph*, which would diminish both the quality and quantity of the blood, and so deteriorate the general health.

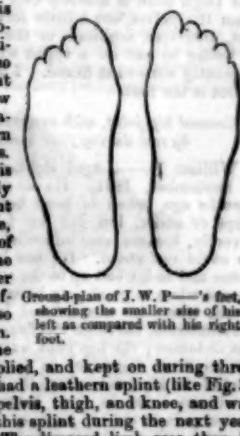
I felt myself bound to refer to this subject of abscess associated with diseased joints, because my experience will sustain my recommendation as to what should be done in such cases; and, further, because it is a fact, that by the bed-side surgeons are often in doubt as to what course they should pursue: and I hope the facts and arguments which I have adduced to-day may be a slight contribution or help towards a right determination on this subject.

*Disease of the left hip-joint (scrofulous?); good anchylosis; large abscess absorbed.*

J. W. P—— came under my care in 1852: he was then nine years of age. The drawing before you represents the patient as he now is. The disease came on without any known accident. He had measles badly in July, 1850, and had not recovered his health when the pains began in his left hip, in the early part of October, 1850. He was under treatment at home, getting daily worse, until his admission into Guy's Hospital, Feb. 2nd, 1852. His general health was then very bad; constitutional disturbance excessive; thigh flexed and adducted; foot turned inwards; dreadful pain in the hip, and some pain at the knee. Considerable diffused general swelling existed, and extensive fluctuation, most distinct at the upper and anterior part of the thigh towards the outer side of the hip-joint. He could not bear any weight upon the foot, which was pointed downwards and inwards. Nothing was done to him beyond placing him recumbent and supine, and then applying a long straight wooden splint, extending from the foot to the armpit; giving him good food, and occasionally some aperient medicines—no other medicine of importance. Within a few days of the application of the splint, his freedom from pain and the subsidence of the general constitutional disturbance were so marked, that it was not thought necessary to adopt any new measure; the splint, occasionally readjusted, was worn uninterruptedly for four months. At the end of that time, his friends, seeing him apparently so well, begged that he might be allowed to go to their home, at Bexley-heath, for change of air. He went there, and came back in about six weeks, rather the worse, not having been sufficiently nourished, nor kept so quiet as he ought to have been. When he returned to Guy's he the straight splint was reapplied, and kept on during three months longer; after that he had a leathern splint (like Fig. 3) made so as to embrace the pelvis, thigh, and knee, and was allowed to get up. He wore this splint during the next year until he was too big for it. The diseased limb was then in good position, but a little shorter than the other; the abscess and all other local indications of disease were gone. I feel confident that if I had ventured to open the abscess I should have made a starting-point of deterioration in his health which would have led to his death. I feel as confident as experience and reflection enable me to make myself, that that would have been the result. On looking at the drawing you see very strong evidence of a former most seriously diseased condition of the right hip-joint. From the time he left Guy's, he moved about with his crutches, in good health and growing fast, doing nothing beyond attending to his schooling during nearly three years, when he found he could walk very well without his artificial support. I saw this lad repeatedly, and watched his progress with great satisfaction. On the 24th of March, 1861, the patient called upon me in good health; he had not been really ill since he left Guy's. He could walk seven miles easily with a thick-soled and high-heeled shoe. The growth of the left limb had not kept pace with that of the right. The left half of the pelvis was not so broad by three-quarters of an inch as the right, measured from the median line to the posterior or to the anterior superior spinous process. Here is a point worth bearing in mind, especially in reference to females under like circumstances, whether with hip-joint disease there may not be some deformity or want of symmetry in the two sides of the pelvis. I think we have distinct evidence that it is so:

Fig. 4.

Fig. 5.



Ground-plan of J. W. P——'s feet, showing the smaller size of his left as compared with his right foot.

* July, 1862.—This patient is now at Guy's Hospital, suffering from an accidental injury to his foot. There is not the slightest indication of the former dorsal abscess.

it is well marked in this case. The left posterior superior spinous process is nearly three-quarters of an inch above the transverse level of the right one; the left side of the pelvis is altogether higher on the left than on the right side; and he says he has himself noticed that his left hip is nearer to his ribs on that side that on the right side. By noting the following measurements, it will be seen that there is defective development in each segment or portion of the lower limb on the diseased side. Measured from the anterior superior spinous process of the ilium to the lower part of the inner malleolus, the length is as follows:—

| | Right Side. Inches. | Left Side. Inches. | Difference. Inches. |
|---|---|---|---|
| | 33 | 31 | 2 |
| Femur | 19 | 17¾ | 1¼ |
| Tibia | 14 | 13¼ | 0¾ |
| Length of foot | 11 | 10 | 1 |

Right patella larger than left.

Here, then, is a case of hip-joint disease, very severe in character, very enduring, cured by "rest," and the abscess is absorbed. The man is now perfectly well. He is to be found at Beckenham selling books for Messrs. Smith and Co., at the railway station.

In all the cases of hip disease which I shall detail, a straight splint was applied. I believe the impression is abroad, that by applying a straight splint to cases of this kind we are likely to make an inconvenient limb for the patient, in consequence of the limb being fixed straighter than the other, and that that position would necessarily interfere with progression; and probably it would be so if the limb retained its proper length. But it is the fact that the diseased limb does not grow quite so fast as the other; hence it is always a little the shorter. And, again, although a straight splint be applied, the direction of the thigh-bone is scarcely ever perfectly straight downwards from the pelvis, but a little forwards and downwards. I do not, therefore, acquiesce in the view of some surgeons, that it is better to put on a splint which makes the hip-joint permanently somewhat flexed. I believe, on the whole, a straight splint is the best.

*Diseased hip-joint, with suppuration of the left side; cured by rest during four months; abscess absorbed.*

William T——, aged eighteen, was admitted on the 30th of September, 1861. He is a printing-office clerk. Three months ago, when in good health, he slipped down several steps or stairs, but did not fall. He strained his left hip severely, became lame immediately, and on the following day he could not stand. He has been lame and confined to the house and to his bed up to the time he came to Guy's Hospital, except when in great pain he was taken in a cab to two hospitals, where he was ordered lotions, blisters, and medicines. On admission, the thigh was flexed, adducted, and fixed towards the abdomen; the hip-joint extremely painful on moving it in the slightest degree, or on making pressure over the anterior part of the hip-joint, where the distinct fulness and fluctuation of abscess could be felt; pressure on the trochanter major caused pain in the hip-joint, so did striking the sole of the foot, or pushing the limb upwards from the knee-joint; great starting and jumping of the left leg, especially on going off to sleep. Full diet.

Oct. 8th, 1861.—Chloroform was administered, and the limb forcibly straightened; a long outside wooden splint applied; no special medicine, except opium to induce sleep and to relieve pain; some aperient medicine now and then.

In a fortnight the pain and jumping of the limb had subsided gradually, and in two months all pain was gone; he was quite comfortable, and could move himself in bed without pain.

Jan. 2nd, 1862.—The splint was taken off to-day; the limb can now be moved and handled without causing any pain in the hip-joint, whilst formerly it caused exquisite pain; no pain on pressing the trochanter major, or tapping the heel or knee; no swelling over the joint anteriorly. On attempting flexion of the femur the pelvis moves with it, indicating anchylosis. The limb appears longer than the sound one (although in reality it is a quarter of an inch shorter) on account of the obliquity of the pelvis. There is also flattening of the nates on the affected side.

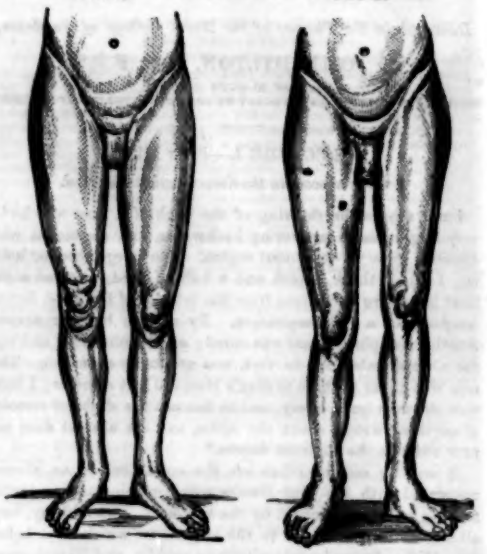
Feb. 3rd.—There is now no pain whatever in the hip; he can walk very gently about the ward without the aid of either crutches or stick, and feels perfectly well in health.

4th.—The patient left the hospital to-day, with directions to be careful that his exercise in walking be short of inducing pain in his hip.

This is important advice, for the *new structures—the medium of consolidation*—will not bear rude concussion or straining. Here is a drawing of his actual condition at the end of February, 1862. (Fig. 6.)

I saw this patient yesterday; he is now wearing a leathern splint, and is taking very moderate or limited exercise. He is an intelligent lad, of a literary turn, connected with the printing business, so that he occupies himself with reading at home, and takes very carefully-adjusted exercise; the union between the acetabulum and the femur not being, perhaps, perfectly consolidated.

FIG. 6. FIG. 7.



*Diseased hip joint, supposed to be gonorrhœal; abscess opened by nature; portions of bone extruded by granulations; cured by rest, with permanent anchylosis.*

F. P——, now aged twenty-two. The drawing (Fig. 7) represents his present state. Three sinuses are visible in the upper part of the thigh, connected with diseased bone. Early in the spring of 1859, his health being previously quite good, he had gonorrhœa, which ran its usual course and left him. In June, he had severe pains down the inner side of the right thigh, and the inner side of and within the knee-joint; these were attributed to rheumatism, and a physician who was consulted gave his opinion that it was gonorrhœal rheumatism in the knee and hip. However, the pains became increasingly severe, in spite of abundant medicine, blisters, leeches, &c. The 13th of July, 1859, was the first day on which he remembers having any pains whatever in the hip-joint, and although they were slight, he was obliged to use a stick to get about the house. The anti-gonorrhœal treatment was continued until the 24th of August, when Mr. Elwin, a surgeon in my neighbourhood, saw him for the first time. "He then had extreme pain in his hip-joint; the slightest movement—even a person walking across the room—appeared to shake him, and caused him great agony in his hip." This is Mr. Elwin's own statement. "His diseased leg was apparently three or four inches shorter than the other, from the femur being flexed and adducted and the knee-joint flexed. There was the fluctuating swelling of abscess in the groin." I saw the patient, in consultation, on the 1st of September, 1859, and recommended the application of a long straight wooden splint, absolute quiet in the recumbent position, good diet, and the twelfth of a grain of bichloride of mercury twice a day in some bitter infusion. The only known injury the patient could connect with his hip disease resulted from a sudden and violent effort he had made in swimming, which produced at the time some pain in the right groin and hip. The straight splint was applied immediately. I saw him again in November: he was then free from pain; the right leg was a little shorter than the left, and the hip joint had become anchylosed, the pelvis moving with the thigh; both the swelling in the groin and the fluctuation had nearly disappeared. He was recommended to keep

recumbent during a few weeks longer, but without the splint, except at night; and thenceforward to use great caution in walking.

In such cases, I think it is better, when a patient is improving, to put the splint on at night, especially in the case of children, because the involuntary action which occurs on going off to sleep is likely to disturb the hip joint again. During the time the patient was in bed with the splint on, his general health did not suffer—indeed it was improved; the only difficulty was with his bowels being constipated, requiring castor oil occasionally; and he had temporarily a small bed-sore on his sacrum.

In January, 1860, he could walk about well with his crutches. He passed the summer and autumn of that year at Swanage, getting out-doors occasionally, and resting the joint at other times by lying down. During his stay at the sea side an abscess appeared in the thigh, and opened spontaneously by ulceration. Several portions of bone have come away at intervals through the sinuses since March, 1860. When I saw him in February, 1861, his health was excellent, he was free from pain, was able to walk a distance of two miles, and could stand about all day. He can now (1862) walk ten miles without pain or weakness in his right leg. I have here some of the portions of the bone which came out of the apertures in the three sinuses. The anchylosis is now perfect.

I must to-day conclude with this case, which does, I believe, support very decidedly the view which I have expressed as to the great value of "rest" in the treatment of disease of the hip-joint.

Possibly, Sir, it may occur to yourself and others, since I have been detailing a great many cases, that I may have exhausted my stock; but I can assure you that I have not mentioned a third or fourth of the number that I could adduce, and all sustaining the same conclusions.

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# CASES IN OPERATIVE SURGERY.

## WITH CLINICAL REMARKS.

BY ERNEST HART, ESQ.,
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## I.

### CASES OF RESECTION OF THE MAXILLÆ, HIP, ELBOW, AND WRIST JOINTS.

THE records of successful resection daily grow richer in proofs of the value of partial ablation of diseased parts of bones, and of the remarkable extent to which such loss of bony parts is remedied by subsequent restorative efforts of Nature. In the cases which I have selected to form the subject of the present clinical notes, the outline of the face remained uninjured and the functions of speech and mastication perfect after the removal of the maxillary bones; while in others no small part of the action of joints was obtained after the resection of their bony elements, while the strength of the limb was but little affected. A few years ago such results would have seemed fabulous; they are now so far from being so, that I should by no means have thought it worth while to take notice of these cases if it were not that they afford the opportunity of studying a few points of surgical interest in connexion with the operations which they involved.

The questions which arise in determining on resections are commonly questions of procedure, and relate to the manner and extent of operating. Sometimes they relate to time. In the case of hip-joint disease, as of disease of the maxillary bone, the determination of the stage at which surgical intervention is required is often of great importance. From the study of the cases which I have seen I have come to the conclusion that it is well to wait till the latest period consistent with the power of the patient, and with the symptoms caused by the progress of the disease. I have given especial attention to this point since one case in which I operated on the lower jaw some three years ago on a young lady, with the co-operation of Mr. Callender and Mr. Holmes, and in which the ultimate result gave me reason to think that it might have been better had the operation been deferred until the limits of the diseased action became more clearly defined. The decision will differ, however, according to the character of the disease in which the bone is involved. The Fabian policy is applicable especially to cases of necrosis, caries, and congenerous affections. Where tumours are seated on the bones, early interference is often called for.

CASE 1. *Resection of the superior maxilla without skin incision.*—In the following case—that of Joseph P——, aged forty, a leather-breeches maker—I waited until a comparatively late stage, and have reason to congratulate myself on the result. This patient was of a scrofulous habit, and had formerly been under my care with scrofulous tumour of the right testis, rendering castration necessary. After the amputation, considerable difficulty occurred in causing the wound in the scrotum to heal. This had, however, been effected, and his general health had been good for about a year, when he came under my care again, complaining of a spongy state of the gums and palate, ozæna of the nostrils, loss of taste and smell. These symptoms increased in intensity. I applied to the gums, with a camel-hair pencil, a lotion of tincture of krameria, two drachms; tannin, one drachm; tincture of opium, a drachm. This is a powerfully astringent lotion, which I have frequently found very beneficial in such cases, and of which some dentists to whom I have mentioned it have reported to me very favourably. At the same time I ordered solution of permanganate of potash and internally infusion of calumba, with syrup of iodide of iron, and cod-liver oil. After various alternations, it became evident that, as the result of severe periosteal inflammation, extensive necrosis had occurred of the right maxillary bone. I continued steadily a tonic and locally-detergent treatment. It then being evident that the diseased action was checked in the surrounding parts, I proceeded to remove the necrosed part. I was able to effect this without any skin incision whatever, and, therefore, with the hope of leaving little deformity. I carried the incision along the apex of the gums round nearly the whole circle of the mouth, slitting them up in their whole length, and then stripping and dissecting up the muco-periosteal investment. I succeeded in removing the bone (as figured by M. Clérevaux from the specimen in my possession) through the single incision. The after-management of the case involved only some care in the dressings to prevent falling in and the accumulation of discharges. The result of the operation is, that the outline of the face is uninjured; the alveolar edge of the gum is perfect in shape, and very solidly resists pressure, as though supported by bony matter. The palate, also, is intact, except a small hiatus which exists in front at the median line. The drawing,

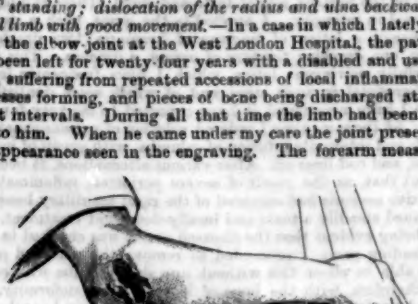
from a photograph by M. Clérevaux, faithfully represents his appearance three months afterwards, with an artificial upper set of teeth, which my brother, Mr. Adolphus Hart, fitted for him. But I have seen him this week, and find that, in his pride in his pathological peculiarities, he altogether rejects the use of any dental prothetic piece. Night and morning he introduces a piece of cotton wool into the small aperture ante-

riorly, and munches his food with the aid of his hardened gum and one tooth still left in the upper jaw on the opposite side.

Contrasting this case with that of the young lady above-mentioned, the advantage is obvious of delaying the operation until the general health is brought to the highest attainable point, and the locally-morbid action completely arrested and defined. In that case, operative interference was urgently called for by the great local distress, and the opinions of some experienced surgeons were given in favour of it before I took any steps. But subsequently to the operation the disease continued to extend; fresh sequestra were formed; ulceration and perforation of the cheek occurred; trismus followed, and the patient sank, being at the time under the joint care of Mr. Rendle, of Southwark, and myself. Here, on the contrary, the results are in every way satisfactory.

I have, however, met with many cases in which this rule of procrastination has been carried too far.

CASE 2. *Resection of the elbow-joint after disease of twenty-four years' standing; dislocation of the radius and ulna backwards; useful limb with good movement.*—In a case in which I lately excised the elbow-joint at the West London Hospital, the patient had been left for twenty-four years with a disabled and useless limb, suffering from repeated accessions of local inflammation; abscesses forming, and pieces of bone being discharged at frequent intervals. During all that time the limb had been useless to him. When he came under my care the joint presented the appearance seen in the engraving. The forearm measured



some three inches less than that of the opposite side, and was greatly atrophied. He suffered much nocturnal pain. With the assistance of my colleagues,—Mr. William Bird and Mr. Christopher Heath,—I excised the joint through a single posterior incision. The ulna and radius were dislocated backwards, obviously since some years. I removed the diseased extremities of bone, and then found that although the section presented a healthy appearance, yet if we stopped there we should get no movement in the new false joint; for owing to the old condition of the dislocation the cut ends now just touched each other, and left no room for the movements of flexion. I consider that only half a success is obtained if there is not good movement after the operation. At the same time I was anxious not to remove too much bone, and especially not to open the medullary canal, certainly a fertile cause of accident after that operation. By slicing carefully the ends of the bones concerned, and making extension, we got room enough. In the after progress of the case the house-surgeon gave great care to the position of the joint and to its passive exercise, and the patient is now—three months after the operation—working at his trade of French-polisher with a very useful limb. Here the too long delay was undoubtedly prejudicial to the patient, and caused a difficulty in the operation. Usually it is very desirable not to sacrifice any healthy bone; but this case seemed worthy of note because I deliberately violated the general rule in connexion with it, and have reason to be pleased that I did so.

The disadvantages of over-delay are, I think, also illustrated by a case of hip joint disease which I am now attending with Dr. Duncan, of Richmond.

CASE 3. *Resection of the hip-joint; head of femur and acetabulum extensively diseased; favourable progress.*—In this case the parents, with over-anxious solicitude for a favourite daughter, would not permit any operative interference until continued purulent discharge, wearing pain, and long confinement to bed had brought her to the last stage of weakness. When their consent was given to the necessary resection of the joint, I found the femur dislocated, and more than two thirds of it worn away by ulceration; purulent matter welled away from the deep parts around the joint, and the acetabulum was so extensively diseased that after removing the loose and destroyed parts the finger entered the pelvis. The powers of nature are so great that this young lady has picked up in strength and gained flesh to a remarkable extent since the operation, while the healthy aspect of the wound promises a favourable result; but it cannot be doubted that many months of suffering might have been spared, and a successful issue far more confidently anticipated, had this delay not occurred.

Wimpole-street, July, 1862.

## CONTRIBUTIONS TO CLINICAL MEDICINE.

BY JOHN W. GOODWIN, M.D. CANTAB.,
PHYSICIAN TO THE SUFFOLK GENERAL HOSPITAL.

THE cases on record of syphilitic affections of the brain are not numerous, at least in this country, and materials are much wanted to furnish the clinical history of this important and interesting class of diseases. The three following cases are, I think, good examples of a not uncommon and very manageable form of disease, provided the real nature of the case be appreciated at a sufficiently early stage:—

CASE 1. *Syphilitic affection of brain; impairment of memory and mental power; attacks of great exhaustion; slight paralysis; treatment by mercury; recovery.*—A. B—— is a tall, large-framed man, about thirty years of age, engaged in commercial pursuits. He first came under my care in the year 1852, and I learned that he had been living anything but a temperate life for some years; confesses to primary syphilis several times, and states that he has had secondary and tertiary symptoms in the course of the last three years. His complexion is sallow and unhealthy, and he looks depressed. He was suffering from slight derangement of the digestive organs and diarrhœa when I first saw him, for which I then prescribed. These ailments soon yielded to treatment; but happening to meet with certain occurrences which annoyed him very much, and caused him a great deal of mental anxiety, he fell into a very low and depressed state. When I went to see him at this time, about the middle of June, I found him sitting, looking the picture of misery. He paid very little attention to what passed around him, and seemed entirely to have lost his memory for recent occurrences, as, for instance, he had no recollection of having had his breakfast about an hour after that meal. His friends informed me that he usually sat quite quiet, perhaps making an occasional observation of an irrelevant nature, and frequently very absurd, his countenance bearing the impress of imbecility. I was also told that for the last week he had been complaining of occasional feelings of giddiness and of nocturnal pains in the head; that his bowels had been and still were very constipated, and the motions were quite white. He ate freely, and would sleep a good deal. He could recollect events which occurred years ago, and for a minute or two he seemed to brighten up, and refer to bygone days. His pupils were sensitive to light, and were alike, but rather larger than medium size. He gave up all business, and left his residence, and was put under the care of an old family medical attendant, with whom I saw him from time to time. We looked upon the case as being one of cerebral exhaustion, the result of imperfect nutrition, and that this latter was the consequence of the syphilitic cachexia.

In the course of a week from my first seeing him, symptoms of want of power in the left leg appeared, and much more general feebleness; this was followed by a severe attack of vomiting, and in a few hours afterwards such alarming prostration supervened that death seemed almost inevitable. We got him to swallow some brandy with difficulty, and administered a large enema of turpentine and castor oil. This was followed by the passage of a large quantity of scybala, and he gradually revived; but his pulse, which previously had been between 70 and 80, had become barely 50, extremely weak, and easily obliterated. The right pupil was now more dilated than the left, and the left leg was very distinctly paralysed. He was supported with stimulants in moderate quantities, and beef-tea and milk; he could not swallow solid food without great difficulty, but more, I fancied, from want of energy to make the effort than from actual inability. He lay dozing, but occasionally was a little excited.

About a week after this attack of exhaustion, another occurred. He had been slightly improving up to this time; his bowels had become a little more regular, and he had taken more nourishment. Ammonia and iron had also been given. The second attack was preceded by vomiting and hiccough, and after he had rallied there was a marked change in his

voice, which had become hoarse; he choked constantly when swallowing, and had continual hiccough with occasional sickness. He now complained greatly of pains in the head—not particularly in one part,—which were relieved by frequent blisters to the nape of the neck. The iron and ammonia were continued, and in about a fortnight from this time he had so far improved that we determined to commence the administration of mercury. He accordingly had two grains of the pill three times daily. He had no more fits of exhaustion, and gradually recovered the power over his left leg; his pains became much less, and his pulse gradually quickened. His disposition, however, now exhibited a peculiar change. He became very wilful and obstinate; his countenance lost its fatuous look, but he was constantly desirous of doing most extraordinary things, of which I give as an instance, that he was most violent with me one day because I prevented his drinking some dirty water in a handbasin. In about ten days' time his gums became tender, and the quantity of mercury was accordingly reduced; but he continued taking it for more than two months, at which time he was so much improved that we recommended his going abroad. After a six-months' tour he returned in excellent health, and the only remnant of his attack was a slight want of power in the left leg as compared with the right. He has had no recurrence of symptoms up to this time. He continued to take, at intervals, small quantities of mercury for a period of nearly a year altogether.

Now, taking into consideration the history of the case, and the marked effect of prolonged mercurial treatment, I think we have strong evidence of this being a case of exhausted brain, the nutrition being perverted, and the key to this mal-nutrition was the syphilitic cachexia. I should be disposed to think that there was no actual cerebral lesion, but simply an arrest of functional power from want of the proper elements of its nutrition. The slight amount of paralysis, and the decided predominance of the phenomena of mental aberration,—as evidenced by the failure of memory, perversion of ideas, and alteration of disposition, all of which symptoms yielded as soon as the bodily strength improved and the powers of assimilation were restored,—all point to this conclusion.

CASE 2. *Syphilitic affection of the dura mater; recurrent epileptic attacks, resulting in a greater or less amount of paralysis; recovery under mercury and iodide of potassium.*—R. W——, aged forty-three, a porter at an hotel, and unmarried, has been accustomed to drink beer and spirits to great excess, and has had venereal disease several times, for which he had taken mercury once. His first fit occurred in March, 1858, and he entirely lost the use of the left arm and leg, but completely recovered under treatment. In June, 1858, he had the next fit, and had several slight seizures before the 29th, on which day he became an in-patient at the Suffolk General Hospital under my care. His condition on admission was most deplorable; he looked thin and miserably ill, and had entirely lost the use of the left arm and leg. He complained of very severe pain over the right parietal bone, and of feeling very weak. His face was flushed, and the body generally warm, except the left arm and leg, which were cold. Sensation was not impaired. His heart beat feebly, the sounds were very distant, but distinct and free from murmur. The pulse was very small and weak—about 64 in the left wrist, for it was impossible to feel it in the right, except now and then a beat. The bowels were obstinately confined; urine very scanty, and loaded with lithates. The left pupil was dilated, and the right contracted to a small size. I treated him with enemata of castor oil and turpentine in the first instance, and gave him nourishing diet and wine daily. He had also some carbonate of ammonia and tincture of nux vomica thrice daily. His general health and strength rapidly improved, but without much increase of power in the paralysed limbs. A fortnight after his admission he was seized with a fit whilst I was in the ward. His face became very red, and he entirely lost consciousness, frothed at the mouth, and was convulsed generally. This state lasted about ten minutes, and he then went to sleep, and awoke with a bad headache. He informed me that just previous to the attack he felt as if something were running down from his neck along his left arm and leg, and then recollected nothing more. The same treatment was pursued, and I was obliged to use croton oil occasionally for the bowels. Counter-irritation to the back of the neck relieved the pain in the right side of his head.

In the course of August he had several more epileptic seizures, but they did not seem to exhaust him so much as the former ones; he had not the least power over his left arm and leg.

On the 1st of September I thought him in a condition to commence mercurial treatment, and he began to take half a drachm of the liquor of bichloride of mercury three times daily. This, with occasional aperients, was continued until Oct. 9th, when he had recovered a great deal of power in his left arm and leg, and he was made an out-patient, and continued the bichloride until the end of November, when he expressed himself well, and ceased to attend. He had quite recovered from all paralysis, and was able to do his work.

I did not see him again for a whole year, when he was again admitted (November, 1859) with paralysis of the left arm, which was firmly contracted, and it caused great pain to attempt to stretch it. His general health was pretty good, and he says that the seizure, which occurred three days before he came to the hospital, was very slight, and he had not had another since November, 1858. He again complains of severe pain in the right side of the head, and in his shins, which is worse at night now. His bowels have been confined lately.

I thought I would now try the iodide of potassium, and also a grain of calomel every night. Under this treatment, he in six weeks' time had quite recovered the use of his left arm, and the contraction was quite gone. He continued an out-patient, taking the iodide of potassium and small doses of calomel, for four or five months, and I discharged him cured in June, 1860.

I should say that he had a slight seizure in January, 1860, whilst in the hospital, and from that time to the present (June, 1862) he has been in perfect health, and had no seizure of any kind whatever. I strongly urged on him the propriety of abstaining from beer and spirits, except in moderate quantities, and also gave him various dietetic rules, to which I believe he has adhered. I see him almost daily, and he looks perfectly well and strong.

In this case I think that there was probably some inflammatory condition of the dura mater, ending in thickening or alteration of some kind, which by its irritation gave rise to the epilepsy. The influence of mercury and the iodide of potassium completely proves the syphilitic nature of the case.

CASE 3. *Syphilitic affection of the dura mater; hemiplegia; perverted sensation of the left side; paralysis of deglutition and articulation; recovery under mercury and iodide of potassium.*—G. W——, aged thirty-three, unmarried, and is a butler. States that he has always been a temperate man, but confesses to certain irregularities, and to having had a venereal affection some years ago, for which he recollects his mouth was made sore. Had always enjoyed very good health, and is a large, well made man, six feet three inches high. On presenting himself as an out-patient of the Suffolk General Hospital, he looked very thin and ill. He informed me that about five months previous to the present time (March 27th, 1861) he was awoke one night by severe pain in his head, in the situation of the left parietal bone, and his head felt hot; at the same time, the left side of his face and left arm and leg felt queer and numb, and he had considerable difficulty in moving these latter; he had also difficulty in swallowing—things seemed to choke him; and his voice was thick, and he could not articulate well. He was treated in London, and had improved under the administration of mercury. When I saw him, he required the assistance of an arm and a stick to walk, and he dragged his left leg very much. Has very little power in his left hand. He complains of tenderness of the scalp, and a feeling of weight over the left parietal bone. This tenderness and pain vary, but are so much worse at night that he cannot get much sleep. There is perverted sensation in the left side, face, arm, and leg. He does not always know that he is touching an object unless he sees it. When he speaks, which he does most inarticulately, the left side of his face looks blank, and his mouth is quite drawn to the right side. The tongue is protruded straight. He has difficulty in swallowing, and finds morsels of food stick on the left side of his mouth; and he chokes if he is not very careful, even with liquids. The left pupil is dilated much beyond the medium size; and the right pupil is much more sensitive to the stimulus of light than the left. His bowels are very difficult to move; urine normal. I put him on the bichloride of mercury (half drachm doses of the solution); and thinking there might be some rheumatic element in the case, I gave him some colchicum and henbane at night, with opiate liniment to the head.

In the course of two months he had very much improved in health and strength, but complained of the pain in the head being very severe sometimes every second night; at other times at longer intervals. He became slightly affected in the gums, so that I at once put him on the iodide of potassium in lieu of the mercury. After taking this a week, he was nearly free from pain, and continued to take this medicine for three or four months, with great benefit to his paralysis of speaking and swallowing.

In November I discharged him, and he had quite recovered

his strength. He could walk almost any distance, and did not experience any pain, but stated that his left side did not feel exactly like the other. I saw him on June 20th, when he continued quite strong and well, but still complained of his left side. He can now articulate plainly, and swallow without difficulty.

In this case I am inclined to think that there was an epileptic seizure on the first night of his attack, and that the source of irritation (as in the last case) was probably some slight affection of the dura mater only (if one takes the seat of pain as the guide), on the same side as the paralysis, the reverse of which occurred in the last case. The influence of the mercury in restoring the health, and also the effect of the iodide of potassium in relieving the pain, seem to me to confirm the opinion of the syphilitic nature of the disease.

Bury St. Edmunds, July, 1862.

# A Mirror
## OF THE PRACTICE OF
# MEDICINE AND SURGERY
## IN THE
# HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

## CHARING-CROSS HOSPITAL.

### SUBSTANCE OF A CLINICAL LECTURE ON A CASE OF CHRONIC DYSENTERY, TREATED WITH IPECACUANHA.

(Under the care of Dr. WILLSHIRE.)

FOR the notes of the following case we are indebted to Mr. John Morgan, late clinical clerk:—

Charles P——, aged twenty-two, a sailor, was admitted on May 1st, 1862. He has generally had good health. A year ago, when in Matanzas, he suffered from yellow fever, and recovered from it completely. Some time in February, after a sojourn of about four months in Demerara, and nine days after the vessel in which he sailed had left port, he was seized with purging, severe griping pain in the abdomen, and tenesmus. These symptoms were preceded by shivering and the stools which he passed were very loose and contained blood. On the first day of his illness the bowels were moved three times, and the patient became gradually worse during the remainder of the homeward voyage (twenty-nine days), the calls to stool frequently occurring as often as twenty times in the twenty-four hours. He states that towards the end of the voyage he vomited a quantity of blood, and that the captain treated him at first with castor oil, and subsequently with laudanum.

On admission, the patient was much emaciated, and the expression of his countenance very anxious; the tongue dry, very red, and glazed; appetite not much impaired; skin hot; thirst considerable. The bowels had acted about six times in the last twenty-four hours; the motions slimy, and mixed with blood. There was pain over the abdomen generally, and especially in the hypogastric and right iliac regions. Pulse 104, rather weak; urine high coloured. There was much straining at stool, and tenesmus. He was ordered a blister to be applied to the abdomen, and a poultice afterwards; a bismuth pill with opium, and an ounce and a half of the decoction of baël, thrice a day. To have No. 1 diet, two eggs, and two pints of milk. To keep strictly in the recumbent position, not even rising to evacuate the bowels.

May 3rd.—Feels better; bowels four times moved. He says there is not any pain on passing the motions. Pulse 100. Repeat as before.

5th.—Improving; bowels moved three times; no straining. To continue the treatment. From this time to the 20th the patient continued to improve, the calls to stool occurring about three or four times per diem, and the blood gradually disappearing from the motions.

20th.—The abdominal pain has returned, and is situated principally in the right lumbar region.

22nd.—Much worse to-day; the abdominal pain has been increasing during the last two days, and is now very severe; has passed four motions, three of which contained blood. To take thrice a day a pill containing a quarter of a grain of sulphate of copper and one grain of opium. Repeat the decoction of baël, and let a blister be applied to the right side of the abdomen.

23rd.—Better; bowels moved four times; no blood in motions; pain in abdomen less severe. To continue treatment.

24th.—Complains of loss of sleep; bowels moved six times; no blood in motions. To continue, and to take an opiate at bed-time.

The patient continued to improve, the tongue, however, still remaining red and glazed, until the 28th, when the bowels were again very much purged, and the countenance became, as before, very anxious. On the 29th, blood made its appearance again in the motions.

30th.—Tongue very red; bowels moved ten times; has severe pain in the right side of the abdomen. To take one grain of diacetate of lead and four of ipecacuanha three times a day; and a mixture of extract of logwood, tincture of opium, and infusion of cinchona also three times a day.

31st.—Feels better; bowels moved six times; tongue not so red; no straining; no abdominal pain. To continue.

June 2nd.—Is much the same; bowels moved eight times; there is still some blood in the motions. To have ten grains, in the form of pill, of ipecacuanha powder thrice a day; repeat mixture, and rub a turpentine and opium liniment over the abdomen.

3rd.—Much better; motions do not contain any blood, and are of a more solid consistence; bowels moved three times.

From this period until the present date (June 24th) the patient's improvement has been uninterrupted. On the 16th, the quantity of ipecacuanha powder was reduced to five grains three times a day. The dejections are now pultaceous and consistent, and for the last fortnight the man has had about one motion in twenty-four hours. The countenance has lost all anxiety of expression, and the patient is evidently gaining a little flesh. For some time past he has been allowed fish every other day for dinner.

This case was made the subject of a clinical lecture, in which the attention of the students was more particularly directed to certain important points in the management of chronic dysentery. The first essential thing was stated to be the placing of the patient in the most complete state of repose possible, and not allowing for one moment the intestines to drag down by their own weight, and thus to excite, or at any rate to increase, the tenesmus and tormina. Hence the patient must be rigorously confined to bed, and not allowed to rise even for the purpose of evacuating the bowels. The latter object must be effected by means of the bed-pan. Under no entreaties is the patient to be permitted to rise at first, even when he asserts he is much better. The second object is to give the bowel as little to do as possible in the way of being called upon to evacuate the unconvertable and refuse material of diet. Hence such food alone must be given as leaves the least amount of excrementitious matter behind it. A baby's diet is the one to be adopted. Milk, eggs, isinglass, gelatine, rice, occasionally boiled sole, and analogous non-irritating articles, must be adhered to most strictly. Such things, whilst they are nutritious, make but little fæcal matter which can irritate, in its passage through the intestinal canal, the already irritable bowel. The next thing is to apply gentle counter-irritation and warmth to the abdominal surface. They may be alternated one with the other, or used singly, or repeated for a time according to circumstances. Lastly, as far as his (Dr. Willshire's) experience went, the remedial treatment should consist mainly of the combination of opium with certain gastro-intestinal sedatives and astringents. In the case before them they had seen some of the chief of the latter employed—viz., bismuth, baël, ipecacuanha, and logwood. Of baël and ipecacuanha a very high opinion had been formed by many and experienced Indian practitioners. He himself had used the former in several hospital and in one or two private cases, and had formed a good opinion of its powers in checking what he should prefer to consider as chronic diarrhœa or dysenteric catharsis rather than as analogous to the true chronic dysentery in the instance before them. In the latter it would be seen that the baël, though apparently affording relief at first, failed to continue it, and that a relapse was the consequence. It was not until what some have deemed almost a specific for dysentery—viz., ipecacuanha—was administered, that marked and permanent improvement followed, the blood disappearing from the stools, the mucus becoming less in amount, and finally the dejections appearing consistent. The ipecacuanha had been here employed in small doses only. Had these not been

followed by good effects, he should have given the usual larger ones, such as twenty-five grains or half a drachm every four or six hours. But as ten grains three times in the day seemed to be sufficient, he had left well alone, and it was seen with good consequences. For a full account of the value of this drug in the treatment of dysentery, the students were referred to Staff Assistant-Surgeon Cornish's paper in the third number of the *Madras Medical Quarterly Journal;* and for the history of baël, to the memoir of Mr. Grant in the third number of the *Indian Annals of Medical Science.** The extract of hæmatoxylon had been employed in this case, and, speaking generally, he (Dr. Willshire) thought it well adapted for dysenteric catharsis. He had got into the habit of employing it from witnessing its goods effects in the milder forms of the "entero-colitis" of children at the Waterloo Infirmary. In those little patients living along the low southern bank of the Thames from Vauxhall to Bermondsey, the diarrhœa often became dysenteric, and indeed bad cases of it were really those of true dysentery—in other words, entero-colitis. Suffice it to say, in such like instances, hæmatoxylon acted as a sedative astringent, or as one perfectly devoid of any irritant character, and would be frequently found to be followed by a diminution of intestinal discharge, when other drugs either produced no such effect, or seemed to make it more copious or frequent. One or two cases had been recorded, in which the arrest of chronic diarrhœa by hæmatoxylon had been followed by *phlebitis* of the veins of the lower extremities, and such a result was regarded as specifically belonging to the action of logwood. He himself was quite ignorant of any ill effect from its use, except that which might perhaps by some be thought so—namely, the staining or dyeing the napkins &c. of children, and which result would occasionally prevent nurses from strictly and properly administering the prescribed medicines.

* See also a paper by Mr. Docker in THE LANCET, vol. ii. 1858, pp. 113 and 169.

## ST. MARY'S HOSPITAL.

### CASES ILLUSTRATIVE OF THE ACTION OF THE TINCTURE OF THE VERATRUM VIRIDE, WITH CLINICAL REMARKS.

(Under the care of Dr. HANDFIELD JONES.)

CASE 1.—A. R——, male, aged two years; seen May 1st, with Mr. Palmer. The child was attacked with symptoms of croup about four P.M. yesterday; was playing about a little before. He has had since then ten grains of potassio-tartrate of antimony (i. e., rather more than half a grain every hour), and two leeches to the upper part of the sternum. The breathing is now much relieved, less noisy, though still very perceptibly harsh; chest free; no râles in backs; pulse 140; skin hottish; bowels relaxed; has vomited. Is usually a healthy, strong child. Colour of face is still good.

In Mr. Palmer's judgment, as well as in that of Dr. H. Jones, the child was in a most perilous condition. Although there was a lull in the symptoms, it appeared most probable that it was only temporary, and that as night came on the dyspnœa would increase, and death take place before long. They agreed to give two minims of tincture of veratrum viride every hour.

May 2nd.—Is decidedly better; stridulous respiration nearly gone; no effort in breathing; cough loose; skin moist and cool; pulse 129 at three P.M., in the morning 118. Has had three two-minim doses at hour intervals; since then four-minim doses at two-hour intervals. No vomiting, but considerable tenesmus, for which one minim of tincture of opium was added to each dose. Voice is still shrill and brassy, and pulse too full and firm. A calomel aperient and warm bath were ordered.

3rd.—Is convalescent; pulse 72; child is cheerful, plays with his toys, and calls out for bread-and-butter; all croupy symptoms disappeared; vomited much last night, and was half suffocated during the act; after the vomiting he was considerably better. Every dose of the medicine seems to do good.

He recovered well.

CASE 2.—J. M——, aged two years and a half, female, admitted March 17th. Ill two days. She has had cough; breath short; is feverish; hands hot; much thirst; no appetite. Resonance impaired at both lower backs; breathing in both backs very harsh; hepatization no doubt is taking place. Ordered, tincture of veratrum viride, twenty-five minims; mixture of citrate of potass, three ounces: two teaspoonfuls to be taken every second hour.

March 20th.—Is reported better; much cooler; medicine made her very sick all the first night; it has been given every four hours since yesterday.

21st.—Slept well all last night; skin natural; good resonance in both backs; tolerable breathing, with some bronchial râles. The sides of the chest do not seem to collapse in inspiration. To have a drachm of cod-liver oil thrice a day; and two drachms of a mixture of citrates of potass and iron, and chloric ether: thrice a day.

24th.—Is much better; appetite improved. Repeat medicine. Ceased attendance.

CASE 3.—T. A——, aged three years, male, was admitted June 2nd. Ill three days. He has had cough; is sick and feverish; bowels confined; hands hottish. He is a robust-looking child, with a good colour. Ordered a citrate of potass and dilute hydrocyanic mixture, four times a day; and grey powder and jalap at bed-time.

June 5th.—Is not sick, but still feverish; bowels confined; does not whoop, but coughs severely; harsh breathing and râles all through both backs. To have two minims of tincture of veratrum viride, in two drachms of water, every second hour.

7th.—Very great relief from the tincture of veratrum viride, which was taken only one day; it caused much sickness, and has been exchanged for citrate of potash saline, ipecacuanha wine, and tincture of camphor, every fourth hour. There is still much cough; but the child is cool, and looks well. There is good breathing in the left and a little râle in the right back. To continue the mixture, with a quarter of a grain of the extract of belladonna to each dose.

16th.—Bad cough; is worse; hands hottish; does not clearly whoop. To have the tincture of veratrum viride, thirty-five minims; water two ounces; one drachm three times a day.

26th.—Is a great deal better; just well; hands cool; has scarcely any cough—only when he cries about anything. Discharged.

Dr. Jones made the following clinical remarks:—"The foregoing cases certainly corroborate the very favourable testimony of our American brethren as to the virtues of veratrum viride. I think it is well worthy of more extensive trial by the profession, and I am much inclined to hope that it will prove a substantial addition to our means of controlling inflammatory disease. As far as I can judge, it would have gone very hard with both cases (1 and 2), but for the veratrum viride. Case 1 would, I believe, have died; and Case 2 would at best have had a slow convalescence. This case was the first one in which I tried the drug, and I was quite prepared to find at the next visit a considerable extent of both lungs hepatised, which with any other remedy I verily believe would have happened. Certainly veratrum viride is no placebo, and will only find favour with the partizans of active interference. Those who have witnessed its action will, I think, find it hard to believe that acute disease is never curable by depressing measures, or that expectant practice is always advisable. It is evidently a remedy very much of the same kind as digitalis, which has been employed on the continent lately in the same way, and apparently with very good results. (*Vide* Hirtz's paper in the *Bull. de Thérap.*, Feb. and March, 1862.) The *modus operandi* of both is clearly to depress the circulation, which digitalis at any rate seems to do by hyper-stimulation of the vaso-motor nerves. The cold face and hands and slow pulse of patients under its full action, are just such phenomena as result from stimulation of the vagi and sympathetic nerves."

## GUY'S HOSPITAL.

### FATAL PHLEBITIS AFTER SCARLATINA.

(Under the care of Dr. OWEN REES.)

SARAH H——, aged twenty four, was admitted on the 21st of February, 1862. She was then very ill, with symptoms that were thought to be those of fever; but at the same time she had a very deep abscess on the leg. She was said to have probably had scarlatina. Afterwards she was thought to be suffering from pyæmia. She continued in a very prostrate condition, with violent sweating, and without any very marked symptoms until the breathing became affected. This difficulty increased until death, on April 2nd. Both legs became swollen, and continued so to the last.

*Autopsy twenty-eight hours after death.*—Body covered with sudamina; both legs swollen; the abscess over the right knee was quite healed. Suppuration was present in the right sterno-clavicular joint. The lower lobes of both lungs and part of the upper lobe of the left were consolidated in places by lobular pneumonia. The section showed minute white masses of hepatized tissue scattered through it; and between these, recently inflamed lung. Probably the oldest disease had not existed for more than a few days. The section of several parts of the left lung showed the branches of the *pulmonary artery* plugged with fibrin; this was probably carried from the vena cava. The larger trunks of the pulmonary artery were quite free. The spleen was soft and large—about three times its natural size. On its surface were some white portions, as if fibrinous masses were within; section, however, did not show these, but merely pale tissue, as if such deposit were about to occur. The iliac veins and vena cava were filled with clot. The latter showed merely a white fibrinous coagulum, which was not adherent and was easily removed; but the iliacs and the upper part of the femorals contained adherent and softening clot. The outer surface of coagulum had formed a membrane which was adherent, and within this was creamy fluid resembling pus. The walls of the right iliac vein were involved in the inflammatory process, being sloughy, and breaking down on removal. The internal iliac and several of its branches were similarly affected. Kidneys white and soft. Liver healthy.

# Medical Societies.

## ROYAL MEDICAL & CHIRURGICAL SOCIETY.

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### CONTRIBUTIONS TO THE STATISTICS OF CANCER.

BY W. M. BAKER, ESQ., M.R.C.S.

(*Communicated by* JAMES PAGET, Esq., Vice-President, Royal Society.)

THE cases of cancer from which this paper was constructed were 500 of those recorded by Mr. Paget between the years 1843–1861, and all of which had come under his own observation. Only the external or so-called surgical cancers were included in this number.

The first part of the paper showed the proportion of cases in each organ and each sex, and the per-centage of the several kinds of cancer,—each part of the body being attacked, as a rule, by one form of the disease almost exclusively. The greater frequency of cancer in females was found to be due to cases of scirrhus of the breast; in the cases, in almost all the other external organs, especially those subject to epithelial cancer, the proportion of males was greatest.

The influence of age was next noticed, and the increasing liability to cancer as people advance in life; the absolute number among the 500 cases at each age being given, and also the relative frequency in proportion to the whole population living at the same period. In external organs, medullary was found to be the most frequent variety in youth; scirrhus and epithelial in middle and old age. The number of females affected with cancer, in proportion to the whole population, was found to increase rapidly from the earliest age up to 40–50, and then more gradually decline. In males the number increased up to the age 50–60, and after this declined again, the rise and fall being both of them more gradual than in females. The kind of cancer to which each sex was most liable accounted for the difference.

The condition of the female patients—whether single, married, or widow—was noticed, and also the influence of each on the production of cancer. The proportion of cases of cancer in the breast was found to be greater in the married than in the single, both absolutely and in proportion to the number in which the two classes exist in the community.

The state of health of the patients at the time of the beginning of the disease was ascertained, and found to be good, in a very large majority; a rather larger proportion of the medullary and epithelial than of the scirrhous being in bad health at this date.

The question of cancerous inheritance was in the next place considered, and answered in the affirmative, 24 per cent. of the patients giving a history of cancer in other members of the family; the per-centage, too, in the private cases, in which the family history would be better known, was considerably greater than in the hospital. The variety of cancer was not always the same in all the members of the family attacked.

Tables of the date of recurrence after operation were given, and the several kinds of cancer compared in this respect; the average number of months which elapsed between the date of removal of the primary disease and the recurrence was greatest in scirrhus, and least in epithelial, but a larger proportion of cases of the last variety remained without any recurrence for a period far beyond the average.

The date of recurrence after early and late operation was compared; the difference between the two being but small, probably from the acute cases being the earliest to be removed and to return.

One or two of the cases, remarkable by their long-deferred recurrence were given more in detail.

The last part of the paper was devoted to considering the duration of life, especially with the object of comparing the cases of operation with those in which the primary disease was not removed.

The greatest difference in the two sets of cases was found to exist between the epithelial cancers, and the least between the medullary; but a marked increase of life on the side of the operations was present in all the varieties. Part of this result is, of course, due to the selection of cases for operation.

Some of the organs were compared separately, and the same advantage on the operation side was shown in each, with one exception—viz., the bones, in which the duration of life was exactly the same on both sides.

The influence of early and late operations in respect to the duration of life was also considered, and, as in the recurrences, only a slight difference was observed; indeed, the length of life was greater in the cases in which the operation was performed at two to five years after the first observation of the disease than in those at one to twelve months, the former being all chronic cases.

Lastly, the duration of life in the hospital and private cases was compared, and the advantage shown to be on the part of the hospital. Some of this difference may, however, be accounted for by a larger number of the hospital cases being submitted to operation.

### CASE OF ANEURISM OF THE INTERNAL ILIAC AND COMMON FEMORAL ARTERIES, TREATED BY DIGITAL PRESSURE.

BY HENRY LEE, ESQ., F.R.C.S.

The history of the case was given at length. From the symptoms observed, it appeared that the digital pressure had the effect of producing a very firm coagulum in the sac of the aneurism. But as the artery was unusually brittle, the upper part of the aneurismal sac had become completely separated from the lower part. The coagulum formed was consequently unsupported by any of the coats of the artery, and after a time gave way. The blood was effused in the thigh and in the pelvis; and those portions of periosteum which were in contact with the effused blood had numerous minute fresh formations of bone upon their surface. These little bony formations could be readily detached with the nail. From the description of the remains of the aneurismal sac, and from the drawing which accompanied the paper, it appeared how impossible it would be in such a case to tie the arteries from within the sac, as had lately been proposed in the Society. The ligature of the external iliac artery in the case related would not have succeeded. The upper and lower portions of the artery having been completely divided, any coagulum which formed, whether in consequence of ligature or compression, must ultimately have given way.

# Reviews and Notices of Books.

*A Treatise on Ventilation, Natural and Artificial.* By ROBT. RITCHIE, C.E., Associate of the Institution of Civil Engineers, London, and past Vice-President of the Royal Scottish Society of Arts, &c. With numerous Plates and Woodcuts. pp. 232. London: Lockwood and Co.

IT would appear that the basis of this work upon a much-discussed and important subject formed the matter of an article for the Cyclopædia of the late Dr. Nichol, Professor of Astronomy in the University of Glasgow. Owing to the high opinion and recommendation of the latter, the original paper has been expanded into the present work. In it the reader will meet, not only with a concise account of the various methods proposed at different times for effecting ventilation, but likewise

such scientific and practical information as may guide those who are specially interested in the matter in distinguishing between sound and unsound novel propositions. The plan adopted in discussing this somewhat confused but very important subject is the following:—The first chapter considers ventilation in its chemical and physiological relations; the second treats of natural or spontaneous ventilation; and the third, fourth, and fifth chapters are occupied by "forced ventilation," together with the description of the several artificial and mechanical agents which have been employed in the latter process. Whilst these several subjects are discussed in their scientific and general relations, the immediate application of different methods of ventilation to hospitals, poor-houses, barracks, mines, ships, and prisons is practically dwelt upon.

The subject of ventilation is one which cannot be considered in a single light. Theory must have palpable illustration by experiment; and practice, to be worth anything, must be guided by well-considered theory. The want of this combination has produced no little unremunerative outlay on the one hand, and disappointment and annoyance on the other. Notwithstanding all that has been written and done, we are yet surrounded by uncertainty. By some persons open fires are adopted; others oppose them as either imperfect or expensive in the extreme. One authority advocates previously heating the air, and throwing it into wards, corridors, or passages, allowing the rooms to draw it from these places; another would convey the warm or cold air directly into the room or cell. Again, many condemn as unscientific and insalubrious the method of warming and depriving the air of its elasticity and density before it is admitted into the building; and others think that the heating media should be placed where the heat is wanted. While some would admit pure air at the ceiling, and draw it off at the floor, others are for drawing the exhaled air down, causing the liability of its being reinhaled.

The treatise of Mr. Ritchie, being the work of one who is evidently master of the scientific part of his subject and at the same time practically engaged in carrying out various methods of ventilating both public and private buildings, is written, perhaps not unjustifiably, in a somewhat authoritative tone. Amongst the conclusions to which the author has come, the following are worthy of consideration:—

"That in crowded apartments spontaneous or natural ventilation cannot be relied on; and in many circumstances no thorough ventilation can be obtained unless forced ventilation is applied.

"Of the modes which require little attention in management, or where no motive power exists, forced ventilation may be obtained, and a uniform current by rarefaction created, by the heat of water or of steam, or by the steam jet.

"That open fires or gas heat at the roofs of buildings can be applied to effect this purpose; but by these the risk is incurred of the products of combustion being refluxed into the apartment, and being inhaled.

"Where a motor power exists, such as steam power or water power at a factory or public building, a mine, or in a steamship, the fan-blower and screw present simple and readily available agents to produce a determinate movement of the air, which can be easily regulated and applied advantageously both for impelling air inwards or extracting it outwards."

We do not know to what work we could refer the reader for a more complete yet concise account of the whole subject of ventilation than is to be found in Mr. Ritchie's treatise. This must continue to be for some time the text-book upon one of the chief difficulties of domestic architectural construction and of social hygienics.

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*The Science of Home Life.* By A. J. BERNAYS. London.

IT is always gratifying to see the task of popularizing science taken up by those who, from their familiarity with the subject and from long experience in teaching, are best qualified for the work. Dr. Bernays has long been one of the most successful writers of this class. His new *brochure*, though based, as he tells us, on the last edition of his "Household Chemistry," is a vast improvement on that work, embracing many more subjects, and setting forth in a pleasant form all the most recent information and views on the various matters of which it treats. But the author is entitled to higher praise than this; for although in a work of this kind we do not look for much original matter, yet Dr. Bernays is no mere copyist. It is the fault of most writers of such works that they are too scientific—too strictly chemical. This error Dr. Bernays is careful to avoid. In his own words: "The conclusions of pure chemistry are not to be too rigorously interpreted; genuine science need never over-ride common sense." For example, speaking of water, he ridicules the modern idea that because some impurities are injurious we ought to drink nothing but distilled water. "Surely Nature herself," he says, "in refusing to supply us with a pure water, teaches us a very different lesson." In like manner he tests the conclusions of chemistry as to the dietetic value of such substances as alcohol, gelatine, sugar, &c., protesting against the prevalent mode of "wrenching" them, as he well expresses it, from their natural connexions. All this is sound sense, and is, we are convinced, the way to save chemistry and her teachings from general ridicule. In a new chapter on "Ourselves in Relation to the External World," Dr. Bernays discusses the effects of climates, temperatures, moisture, baths, and innumerable matters on which depend "our health, comfort, and physical happiness." It is an admirable book, both in style and matter, and will be referred to with equal interest by the scientific and the popular reader.

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*Handbook of Surgical Operations.* By STEPHEN SMITH, M.D., Surgeon to the Bellevue Hospital, New York. pp. 279. London: Baillière.

THIS is a compilation undertaken for the assistance of the surgeons of the American army, many of whom have necessarily entered upon the duties of a sanguinary campaign without time or opportunity for special preparation. The amount of original matter is very small, English and French authorities being largely drawn upon both for letterpress and illustrations.

Every conceivable operation upon an artery and on a limb is here given, and we should only fear that the inexperienced operator would find some difficulty in selecting the proceeding most suitable for the case in hand. Of necessity, many of the operations described are seldom if ever performed, and are merely the over-refinements of enthusiastic anatomists; *e. g.*, the ligature of the pudic artery and the removal of the vertebral arches, &c. This portion of the work would, however, form a useful guide in operating upon the dead body.

A short chapter on Gunshot Wounds at the end of the book is, to our mind, the best part of it; for though the author has no personal experience with which to illustrate the subject, he has condensed into a short space the valuable article on Gunshot Injuries, by Professor Longmore, in Holmes's "System of Surgery."

The work will, no doubt, from its convenient size and consequent portability, become a favourite with American surgeons.

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CIVIL-LIST PENSIONS.—The following were amongst those granted between June 20th, 1861, and June 20th, 1862:—Miss Elizabeth Baly and Miss Marie Joséphine Fauvet, a joint pension (£100), in consideration of the late Dr. Baly's long career in the public service, and of the merit of the scientific medical works of which he was the author.—Dr. John Hart (£75), Fellow of the Royal College of Surgeons of Ireland, in consideration of his contributions to the sciences of anatomy and physiology, and of his being afflicted with blindness and broken health.—Mr. George Rainey (£100), in consideration of his labours in the field of minute anatomy and physiology, and the many works he has given to the public without remuneration.—Mrs. Janet Wilson and Miss Jessie Wilson, a joint pension (£100), in consideration of the eminent services of the late Professor George Wilson, of Edinburgh, as a public teacher and a scientific man.

# THE LANCET.

LONDON: SATURDAY, JULY 19, 1862.


"NOT GUILTY, on the ground of insanity," is the decision of the jury in the case of Mrs. VYSE. A very few years ago the medical witnesses who gave evidence in support of this plea would certainly have been accused of importing their humanitarian and scientific crotchets into a court of law for the purpose of rescuing a murderer from the gallows. And it is by no means improbable that future medical witnesses may have to encounter a charge which until lately was rarely escaped from. Much depends upon the temper or sentiment of the public in reference to the particular case on trial. Still it must be regarded as a triumph achieved by Science in the interest of Humanity, that juries and the press should have been led by the steady courage of the medical profession to carry out to the full extent the merciful doctrine, that responsibility is the exclusive attribute of a sound mind. When a jury recognises, on the testimony of medical practitioners, that there is a form of unsoundness of mind which may be defined as "paroxysmal insanity," and further, that this form of unsoundness renders the subject of it an irresponsible agent, we see a singular proof of the advance of public opinion on these matters. Many lawyers on and off the Bench, and many who profess to guide and to expound the opinions of the public, still adhere to the test proposed by ERSKINE, that delusion is the necessary characteristic of insanity. By dint of steady repetition of the truth, and the frequent instruction of fresh instances, considerable progress has been made in public education upon this point. Delusion, which may vex the sane man, and not the madman, is no longer the ruling standard. In spite of the remarkable proposal embodied in the new Lunacy Regulation Bill of the Lord Chancellor, now proceeding through the House of Commons, to exclude medical opinions in cases of disputed sanity, it even appears that there is a growing disposition on the part of the public to receive the testimony of experts. Surely it need not be feared that justice will miscarry, that crime will be encouraged, or that the public safety will be endangered, by giving due force to that merciful axiom of the English law which declares that insanity implies irresponsibility. An ignominious death can scarcely be more deadful than committal to a lunatic asylum for life. To a madman, even, the contemplation of such a fate is horrible, and in many cases the actuality is wretched in the extreme. But no lot more melancholy can be imagined than that of a sane man immured for ever in a prison where his only associates are deprived of that reason upon which all social and intellectual intercourse depends. Solitary confinement, or even association with the most degraded of criminals, must be more tolerable than the eternal jar and discord resulting from the forced fellowship of reason and unreason. The unhappy Mrs. VYSE has not perished on the scaffold, but no one thinks she has escaped without paying a fearful penalty, and no one thinks that justice has miscarried or is compromised.

It is interesting to observe, by the light of current events, the progress of public intelligence in this matter. In 1843—not twenty years ago—the fifteen Judges conferred to discuss certain questions submitted to them by the House of Lords, relating to the plea of insanity. One of their answers affirmed that, "Notwithstanding the party committed a wrong act "while labouring under the idea that he was redressing a supposed grievance or injury, or under the impression of obtaining some public or private benefit, he was liable to punishment." The answer immediately following affirmed that, "Before a plea of insanity should be allowed, undoubted evidence ought to be adduced *that the accused was of diseased mind*, and *that at the time he committed the act he was not conscious of right and wrong*. If that was not satisfactorily proved, the accused was liable to punishment." Again, in reference to the test of delusion, the answer of the Judges was: "If the delusion were only partial, the party accused was "equally liable with a person of sane mind. If the accused "killed another in self defence, he would be entitled to an "acquittal; but if the crime were committed for any supposed "injury, he would then be liable to the punishment awarded "by the laws to his crime." Here, then, it is distinctly expressed that delusion, the famous test of Lord ERSKINE, is not proof of insanity that confers irresponsibility. The only clear stress is laid upon inability to distinguish "right from wrong." We believe that these dicta are in direct opposition to the spirit of the law. They literally and practically declare that insanity does not necessarily involve irresponsibility. They affirm the revolting doctrine that it is lawful to hang a madman. They do not admit that it is enough to prove insanity; they insist upon the proof of a particular arbitrary test which is by no means a constant indication of insanity,—namely, the faculty of distinguishing right from wrong. That lawyers who had no opportunity of observing the manifold phases and varieties of unsoundness of mind that may be seen in lunatic asylums should fall into these errors is not surprising. They substituted for clinical observation the subtle deductions of abstract metaphysical reasoning. Against these deductions nature rebels. It is more than probable, however, that similar false doctrines would still prevail, had not a wise and enlightened spirit of deferring to the rules of evidence continued to reign in our Courts of Law.

The conditions under which medical evidence was admissible were discussed at the same time as the general question of what constituted insanity in the legal sense. The opinion of the Judges upon this subject, now again under debate, may be most usefully given at length. The question was put to them in these terms:—

"Can a medical man conversant with the disease of insanity, who never saw the prisoner previously to the trial, but who was present during the whole trial and the examination of all the witnesses, be asked his opinion as to the state of the prisoner's mind at the time of the commission of the alleged crime? or his opinion whether the prisoner was conscious at the time of doing the act that he was acting contrary to law? or whether he was labouring under any, and what, delusion at the time?—Answer: The question could not be put in the precise form stated above, for by so doing it would be assumed that the facts had been proved. When the facts were proved and admitted, then the question, as one of science, would be generally put to a witness under the circumstances stated in the interrogatory."

Mr. Justice MAULE dissented from this last answer. In his

opinion such questions might be at once put to medical men without reference to the facts proved.

This decision of the Judges as to the admissibility of medical witnesses has happily been acted upon. Thus have lawyers and the public enjoyed the opportunity of becoming conversant with the views of those who had made insanity and insane people the objects of close personal study. The result has been a gradual and steady development of popular knowledge as to the nature and manifestations of unsoundness of mind, which promises to purge our criminal jurisprudence from the frightful and barbarous stigma of executing madmen. Had experts been excluded from Courts of Law, a great source of instruction for lawyers and the public would have been lost. For much of the growth of sounder views upon this subject we are indebted to the frequent appeals that have been made to the knowledge and judgment of such men as CONOLLY and WINSLOW. It is not the least evil that would flow from the enactment of the Lord Chancellor's scheme for putting medical experts out of court, that lawyers would by it be deprived of the best means of improving their knowledge of insanity. Fortunately the House of Commons does not seem disposed to adopt this injurious clause.

One word upon "paroxysmal insanity" in reference to the late distressing case of Mrs. VYSE. It is not advanced that there is a form of insanity involving irresponsibility which is so momentary in its existence as to be strictly limited to the time of perpetrating some horrible deed. The word "paroxysm" properly implies an antecedent morbid condition. This antecedent condition ought to be clearly established by evidence *ad hoc*. Insanity cannot, without incalculable danger to society, be deduced solely from the act for which the prisoner is put upon trial. The necessary evidence to raise at least a strong presumption of an antecedent and continuous mental disease appears to have been given in the case of Mrs. VYSE. It was proved that several near blood-relations had been insane. Other evidence referring to the condition of Mrs. VYSE herself was not wanting. There is further ground for believing that the unfortunate woman is pregnant. The influence of pregnancy upon a brain predisposed by inherited organization to disease is too well known to medical practitioners to be overlooked. It was impossible, consistently with the dictates of Science and Humanity, to arrive at any other conclusion than that which the jury pronounced. It is a matter for sincere congratulation that the practice of the Law is at last in harmony with the dictates of Science.

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WHAT a melancholy history is contained in the letter of Mr. GRIFFIN, at page 71! The facts of the fearful tragedy are too horrible to recapitulate; but we reiterate the humane appeal of Mr. GRIFFIN in favour of the widow of poor Mr. PUCKETT. Had he not come to this deplorable end, Mr. PUCKETT might for years to come have struggled on in honourable poverty, and the world been unacquainted with his wretched condition. Here was a gentleman, well-educated, highly-respected, and fulfilling his duties faithfully and honourably on a pittance miserably inadequate. There is only too good reason, however, to believe that the case of Mr. PUCKETT is by no means a solitary one. The poverty which was his lot is shared by many of our Union medical officers. The public are astonished when a revelation like this is made. They look only upon the surface. They see the man of education and of gentlemanly bearing; they acknowledge that his life is laborious, that his actions are beneficent, that he keeps out of debt, and maintains a respectable position in society. They see nothing beyond. The self-denial, the privations, the humiliations to which he is exposed, are to them as a closed book, and they are only made acquainted with them when his wife and family are left destitute by the death, untimely or otherwise, of the unfortunate surgeon. Society is always ready, with a few incomprehensible exceptions, to eulogize the humanity of the members of our profession; but how little does it contribute to alleviate their distresses or their misfortunes! Our brethren do not, it is true, parade their wants, or appeal for that assistance which they so urgently require. If they are poor, they do not forget that they are gentlemen, and members of an honourable profession; and they struggle on, hoping, as it were, against hope, in silent and manly suffering even to the last. Let those who would depreciate the claims of medical practitioners to the respect and gratitude of the community bear in mind these facts. Poor as he was, there can be no doubt that Mr. PUCKETT had had those under his care poorer than himself, to whom, out of his scanty income, he has given charity. What a moral is pointed by this melancholy tale!

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# Medical Annotations.

"Ne quid nimis."

## CORONERSHIP OF WEST MIDDLESEX.

BY the unfortunate and ill-conceived candidature of Dr. Mushet, the Coronership of the Western District of Middlesex has fallen into the hands of the legal profession. Had a well-qualified medical candidate contested this district with the support of his brethren, and employed the energy necessary in such a candidature, there would not have been the faintest doubt of his return. The feeble efforts of Dr. Mushet, unbacked by any organized support from the members of his own profession, only sufficed to prevent other and better men from entering the lists; in fact, if he had acted as a cat's-paw for the lawyers, and had been paid to serve their cause, he could not more effectually have betrayed into their hands that of his profession. The *prestige* of the victory of Dr. Lankester; the power and skill with which he had everywhere urged the claims of a medical man to hold an office which investigates the mysteries of life, disease, and death; the weighty influence of Dr. Farr's letter,—had already made the road plain to a sure victory. The deservedly great influence of the medical practitioners of the district would have sufficed of itself to carry their candidate, when the interest and justice of their cause were so apparent. But this admirable opportunity of clinching the nail just driven was lost by the obstructive inactivity of Dr. Mushet. His organization was ludicrously feeble; he conciliated no support, and arranged no system of working the cause of which he arrogated to himself the championship. Throwing himself hastily into the field, he thrust his limbs with much fanfaronade into the arms meant for stronger men, and after strutting for a few brief moments with ill feigned aspect of manly determination, he sank faint and terrified to the ground before the contest began. But by interposing his head to block the way he has inflicted an injury on his profession. He has, perhaps, also injured himself. No doubt the catastrophe has given pain to this candidate; the money wasted leaves its sting, and the reproach due to his feebleness embitters the recollection of his folly and his failure. But those who undertake to champion

the public rights of their profession cannot be permitted to sport with their responsibilities, or to sacrifice the important interests concerned. To attract censure and ridicule cannot answer the worldly purposes of any professional man. Dr. Mushet's failure and the obloquy in which his impotent efforts involve him, afford what will prove, we hope, a valuable lesson to others; and that is the only useful end which his appearance in the matter is likely to secure. The election of Mr. James Bird has followed upon this *fiasco*. We believe that gentleman possesses every qualification for the office, except that he is deficient in medical or scientific knowledge: it is the old story of "Hamlet" without the Prince of Denmark. There is one way in which this deficiency may be remedied: we suggest it to his attention, and strongly urge it upon him in the interests of justice. It is the appointment of his nephew—Mr. William Bird, an accomplished surgeon—to the office of Deputy Coroner.

## DISTINCTIONS WITHOUT A DIFFERENCE.

THE awards of the Jury in Class XVII. have been made, and, as an act of justice, we publish them this week. We do not append the list of honourable mentions, because really where so many medals have been given, the honourable mentions are little better than slights. The reception of the medals can give, we apprehend, little satisfaction to any of those who are so selected; certainly they must be to many a source of no small humiliation and annoyance. Only one class of medals is granted, and these have been showered so indiscriminately, that all value is taken from them as marks of merit of any high order, such as many of the exhibitors justly claim. The splendid collections of Charrière, Mathieu, Lüer, Whicker and Blaise, Weiss, Coxeter, Evans and Stevens, Lollini, Nyrop, and others, receive the same distinction, and their works are ranked in the same line with Mrs. Rein's abdominal belts and Messrs. François and Fouquet's douche baths, the feeding-bottle of Mr. O'Connell, and an operating-table of Mr. Whibley (the carpenter). Now all these latter really deserved distinction; for the belts, the feeding-bottle, and the baths, are excellently constructed and ingeniously devised. But the bestowal of the same reward upon the inventor of the best feeding-bottle as on the great makers whose workshops follow all the movements of surgical science, and minister to all the advances in operative medicine, is to overlook those differences of merit which make rewards worth having. This is, however, the radical defect of the general directions given to the Jury, and by following them they have arrived at this result. Nine-tenths of the exhibitors are humiliated and disgusted—the majority at having been so ill-rewarded; while those who have received "honourable mention" can hardly fail to be furious.

To the profession the list is wholly devoid of interest or instruction; the grounds of the award are stated in a meagre and official formula, which conveys not a particle of information. The medals are given in each case for "a large collection," for "ingenuity in device," or for "excellence of manufacture." The particular grounds are not stated; and the number of names rewarded with the repetition of the formula of praise, leave merely a record of approval, without conveying any idea of its actual ground. The reports of THE LANCET remain, therefore, the only critical record of the comparative merits of the very large number of excellent novelties which are to be found in this the finest collection of surgical contrivances ever brought together. Utterly disappointed in anything like official guidance in the matter, it will be our duty, on continuing these reports, to endeavour to present as complete a record as possible of this interesting display. No doubt the Jury would have been glad not to be fettered by the official forms prescribed; the full exposition of the grounds of their judgments would have been replete with interest and value. We have nothing to say against their awards, except that they are too profusely distributed.

## VENTILATION OF STEAMERS.

THE surgeons of the navy are properly exerting themselves in all ways for the benefit of their service, despite any discouragement from their superiors. It is well known that the authorities of the Admiralty—and especially, we believe, the First Lord—not only refused to extend some of the privileges of the Army Warrant to the naval medical service when it was felt necessary to adopt those provisions, but also endeavoured to procure their revocation in the army, and so far succeeded as to obtain that retraction of the relative rank of surgeons as major which has been a source of so much heart-burning. Beyond the immediate performance of their duties as healers of the sick, our brethren are labouring at the improvment of the general standard of health by applying those hygienic rules of which the importance is now so clearly demonstrated. The reports of the naval surgeons, and the observations founded on them by Dr. Milroy, Mr. Radcliffe, and others, have clearly shown how large a portion of the mortality of seamen is due to preventable causes. The mortality in steam-ships is especially great; and we see with much satisfaction that the important step has now been taken of ordering screw steamers of the *Jason* class to be ventilated according to a plan proposed by Vice-Admiral Sir Alexander Milne, K.C.B., Commander-in-chief in the West Indies. This measure is one which has long been recommended by surgeons of experience, and we gladly hail the adoption of a step which we have so frequently urged. The treatment of the "bilges" is another matter of great importance. In the *Warrior* they are to be bricked; but we are strongly inclined to prefer the plan lately recommended in these columns by Dr. Rose, R.N., of giving them a coating of Muntz's metal, thus acting as a metallic gutter, which could be easily cleaned. In the present state of the navy, measures bearing on naval hygiene are of great general interest.

## ASTERISKS AT KING'S COLLEGE.

DR. BUDD'S resignation takes another star from the firmament of King's College School, which was wont to be so brilliant with constellations of the first order. The lamented death of Dr. Todd, the resignation of Dr. Budd and Mr. Bowman, the defection of Mr. Lee, Mr. Hulke, and Dr. Murchison, leave painful blanks which have not been filled. The array of distinguished names, so necessary to the *prestige* of a large school such as this, is being gradually diminished. How much thinner can it become before all its glorious shadow fades? Mr. Fergusson is a tower of strength, but he begins to stand on too solitary an eminence, unsurrounded by the kindred figures which supplied those accessories so much needed for a perfect effect. Who will come to the rescue? Stars are wanted at King's College Hospital: lately they have only added asterisks.

## DEAD DRUNK!

FOR the fiftieth time an inquest has been held on an unfortunate person who, having been found insensible in the street by a policeman, had been conveyed to the drunkards' cell, deposited on the ground, and found dead next morning. This is an intolerable cruelty, and Sir Richard Mayne should see to it that measures are taken to prevent the recurrence of this frequent error, which shames humanity. We know well that the distinction between insensibility due to disease and that due to drunkenness is sometimes difficult to define. But so far from admitting this as an excuse for these circumstances, we think that it is an aggravation. Since the diagnosis of the causes of insensibility is in itself confessedly a difficult medical problem, why leave it in the hands of police-constables? There is a surgeon officially attached to each police station. Let the rule be made absolute, that when a person is found insensible without direct evidence that he has been drinking and is intoxicated, the surgeon shall be summoned to ascertain the

cause of insensibility. Better that he should be called a dozen times and decide in favour of alcoholism, than that the victim of concussion or other injury should be left to die unaided in a police-cell. Even men insensible with drink commonly require medical aid.

## THE PROPOSED AMENDMENT OF THE PENAL CLAUSE OF THE MEDICAL ACT.

(*Concluded from p. 43.*)

RESUMING consideration of the proposed amendment of the penal clause of the Medical Act, we observe that, instead of making actual registration the means of distinguishing those who would be able to use professional titles, it has been suggested to make it turn on being qualified to register, as in proposed amendments Nos. 4 and 5, which adopt the words "that he is qualified to register," and "not holding any qualification entitling him to be registered." Now, at the first glance, it seems harsh to say that any one holding a regular diploma shall be forbidden to use a professional title, but a slight examination of the question will suffice to show that it is not so. In the first place, the number of persons holding genuine qualifications but who are not registered must be very small. The Medical Act renders registration necessary to the possession of any legal privilege. Under the 32nd, 34th, 35th, 36th, and 37th clauses none but the registered can recover charges in a court of law; be considered as belonging to the medical profession, when that profession is referred to in Acts of Parliament; be exempt from serving on juries and in the Militia; or can hold any appointment in the Army, Navy, or Poor-law services, or in any hospital, asylum, or other public institution. The unregistered holder of a diploma, in short, is on the same footing in the eye of the law as those who have no qualification; so that no man in actual practice can afford to remain unregistered. In the second place, they may register whenever they choose, and enjoy every privilege of the Act. Much more might these few have complained that the Act excluded them from holding appointments, or even from being considered members of the medical profession. But the Act, so far from doing injustice to the holder of any *bonâ-fide* qualification, offers him registration as the means of proving its legality, and of thus distinguishing himself from the unqualified. But the third and principal objection to any such exemption is, that it would tend to defeat the very object of the Act, preventing the Register being appealed to as a ready means of distinguishing the qualified from the unqualified. So soon as it became known that professional titles might be used by persons whose names do not appear in the Register, a shield would be thrown around the host of persons holding quasi-diplomas, or none at all; and the Register, although it would still certify that all who appear in it are qualified, would be of no value in determining who are unqualified. Such an exemption, in fact, would go far to undo the object of the amendment in its bearing on quackery, would thereby inflict a grave injury on the profession, and could with no show of reason be asked by the few persons who chose to decline to register.

Besides, there would remain the practical difficulty of working such a clause. How is it to be decided whether a person is qualified to register? One proposal is, to make him prove it to the satisfaction of the Medical Council. How is that to be carried out?—to say nothing of the cumbrousness, expense, and perhaps nearly twelve months' delay till the Council met. Then, is a magistrate likely to be able to decide off-hand whether the alleged offender is or is not qualified to register? An appeal to one of the Registrars might be the readiest method, were it practicable or desirable. Again, the onus of proof would require to be laid on the alleged offender, otherwise the impostor might sit still in court and defy the prosecutor to bring positive proof that he possesses no one of the numerous qualifications which qualify for registration. It might be accomplished by phrasing the clause thus: "Any person not registered under the Medical Act, or who is unable to prove, on challenge before a magistrate (by production of a certificate to that effect from one of the Registrars under the Medical Act or otherwise), that he is possessed of one or more of the qualifications enumerated in Schedule A of the said Act," &c. Or by adding to the clause, "Any person not registered under the Medical Act, but who is able to prove (&c., as above) shall be exempt from any fine." But supposing the difficulties of working such a clause to be got over, there remains the objection that some kind of legal proceedings would be necessary before the alleged offender could be proved not to possess a qualification, leaving the public in doubt until some one undertook that unpleasant and expensive duty; while by making registration the test, a ready and unequivocal means of distinguishing would be provided to our hand, and in the case of an impostor the magistrate would have simply the duty of enforcing the penalty. The more it is considered the less necessity or justification does there appear for proposing such an exemption, and the more evident does it become that it would go far to frustrate the object of the Act, to enable the public readily to distingnish between the qualified and the unqualified; to all of which may be added the consideration that it would tend to increase the evil by encouraging neglect of registration. It may be well to add here that the case of those newly registered, whose names have not yet appeared in the published Register, is fully provided for in the 27th clause of the Act, which enacts that "a certified copy, under the hand of the Registrar of the General Council or of any Branch Council, of the entry of the name of such person on the general or local Register shall be evidence that such person is registered under the provisions of this Act."

Two of the suggested amendments (Nos. 4 and 5) propose, in the words included within brackets, a penalty against the unqualified also for engaging in practice. Against this it has been urged, that it was not within the purpose of the Medical Act; would, therefore, not be amending a mistake, but legislating on a new and different question, and that the British Parliament will never pass such a clause. Should any one consult an unqualified person, knowing him to be such, there is thus far, it is said, no deception practised, and persons cannot be hindered from consulting whom they choose. But if the person so practising should add "Surgeon," or some other professional title, to his name, the matter assumes a new complexion; he is now deceiving the public, by conveying, through the title, the impression that he has received a medical education, been approved by a licensing Board, and admitted a member of the medical profession. To prevent this deception is a safeguard to the public, and a corresponding gain to the profession, but is quite a different matter from the proposal to prevent any person from employing any other person, if he does so with his eyes open. Some think that it could do no harm to endeavour to include this purpose also in the amendment, while others think that such a proposal would so characterize the clause as to lead to its entire rejection by Parliament. Without entering on the question of practice by unqualified persons, we may remark that it would be the commencement of a heavy blow to the system, if the use of medical titles could be restricted to the registered, the public having as yet had no ready means of distinguishing between the qualified and the unqualified.

We shall conclude by briefly indicating the objections to, and necessary alterations on, the various proposals for amendment of the fortieth clause which have appeared in the Minutes of the Medical Council, in the order in which we quoted them in our last number.

No. 1 leaves most of the clause unaltered, and as futile as before. The addition proposed would be the only effective part. By limiting the titles which it would be penal to use, the inventive quack would escape, while registered practitioners would be liable to a penalty.

Nos. 2 and 3.—The principal objection to these is removable by deleting the last sentence of each. The first portion of No. 2 is deficient in not rendering penal the use of other professional titles than those enumerated. In the first part of No. 3, the words "shall be held also to imply that he is recognised by law as qualified to do so; and he" are useless and serve to mystify, as it is intended to stand instead of, not to interpret, the present 40th clause. And instead of the words, "any name or title used in this Act," it should have been "used in the Medical Act." But as these might be held to apply to the titles of chemists and druggists and dentists, notwithstanding the nature of the 55th clause, it is better, and can do no harm, to make an enumeration of the more common titles form part of the clause.

In No. 4, for the words, "unable to prove to the satisfaction of the Medical Council that he is qualified to register," it should have been "not registered." Again, the words "implying that he is a member of the medical profession," would not alone suffice, as the quack would have only to plead that he did not imply that.

In No. 5, the words, "and not holding any qualification entitling him to be registered," should be deleted, which would then also render unnecessary the concluding part of the amendment on the 27th clause, suggested likewise by the Bristol and Bath Association, the earlier parts of which, besides being somewhat illogical, are incompatible with the concluding part of Clause 27, which protects those who have registered, but whose names have not yet appeared in the published Register.

On No. 6, which we suggested last year, a few verbal improvements may be made, so that it stand thus:—

"Any person, not registered under the Medical Act, who shall pretend to be, or take or use the name or title of, a Physician, Doctor of Medicine, Licentiate of Medicine, Bachelor of Medicine, Medical Practitioner, Surgeon, Licentiate in Surgery, Surgical Practitioner, Licentiate in Midwifery, General Practitioner, or Apothecary, or who shall take or use any other name, title, addition, or description implying that the person so doing practises medicine or surgery or any department of the medical profession, or who shall take any name, title, addition, or description, implying that the person so doing is registered under the Medical Act, shall, on a summary conviction for every such offence, pay a sum not exceeding £20."

The above enumeration of the titles is more systematic and complete than at present in Clause 40, and it seems well to signify a penalty also against any tampering with the word "registered"—a word which is rapidly gaining medical significance. The mode in which it is introduced here does not destroy or weaken the previous part of the clause, as it unhappily does in Clause 40 as it now stands. It would be necessary also to express that the present Clause 40 is repealed.

No. 7, as it now stands, enacts a penalty against registered practitioners. To remedy this it would require, after "any person," the words "who is not registered under the Medical Act" to be inserted. And the words "such name, title, addition, or description, not having been granted by any of the licensing bodies mentioned in Schedule A to this Act" must be deleted, otherwise it would be illegal for registered practitioners to use their present titles, such as physician, surgeon, apothecary. In the proposed heading which accompanies No. 7, the words "not qualified under Schedule A" are ambiguous; it ought to be, "not registered under the Medical Act."

We cannot congratulate the Medical Acts Amendment Committee either on its seeming policy, or on its legal acumen, or even on its knowledge of the Medical Act. We expect a committee which has existed for three years to show, if not a grasp of the subject, at least that it understands the terms and provisions of the Act which it is entrusted to amend. *Quis custodiet ipsos custodes?* The Medical Council, however, has not committed itself to the reports of its committee. When the Council remits any matter to a committee, the custom is to enter the committee's report on the minutes of the Council, without thereby committing the Council to its approval. The Council has, instead, remitted the matter to another committee in the following terms:—

"That the several reports of the Medical Acts Amendment Committees of 1860, 1861, and the present year, be referred to the Executive Committee, with instructions to consult parliamentary solicitors, with the view of preparing a draft Bill, to be transmitted to the respective Branch Councils for their consideration and observations. That such draft Bill, with any amendments proposed, be retransmitted by the respective Branch Councils to the Executive Committee, in time to enable the Executive Committee to have a draft Bill ready for being submitted to the General Medical Council at its next meeting."

We trust that the Executive Committee, in framing the draft Bill, and subsequently the Medical Council, will give careful consideration and effect to the objections and arguments which we have urged, and which we believe to be in harmony with the best interests and with the wishes of the great body of the medical profession.

## THE NEW PHARMACOPŒIA.

NOTWITHSTANDING the oft-repeated assertion that the new Pharmacopœia would be soon published, a fresh difficulty has arisen which may delay its appearance for some months longer. Amongst other novelties intended to characterize the forthcoming official tome, one was an alteration respecting the weights now used for pharmaceutical purposes. It was proposed that the new national Pharmacopœia should introduce a new grain, scruple, and drachm different from those employed heretofore by pharmacentists, as also written by British medical practitioners in every prescription. This alteration—originating in the Committee charged with compiling the "Novum Codex Medicamentorum"—seems, however, already to create so great a stir throughout influential quarters where it has become known, that the proposition may be said to have been rejected almost as soon as made. According to report, the future grain, by which all remedies must be invariably weighed, is lighter than that at present always used, in the proportion of 91 to 100—being a diminution of nearly one-tenth. Hence *ten* grains, for instance, of Dover's powder, by the substituted scale actually amount to only nine grains and one-tenth; a scruple to about eighteen standard grains and two-tenths; while each drachm would then contain fifty-four grains and a fraction in place of sixty, as universally recognised by the profession. The whole matter appears scarcely credible; and, in these days of scientific improvements, to think of having a grain for medicine quite distinct from that settled by Parliament, and adopted in weighing every other substance, must be deemed a sad mistake. The old names being preserved, but deprived of their former meaning, must, therefore, occasion much ambiguity in quantitative investigations, frequently originate doubts respecting the real weight of an article about which discussions may arise, and likewise, in many cases, even induce utter confusion, seeing the scale bearing reference to drugs will be henceforward dissimilar to that employed for all ingredients not coming within the limited range of medicines.

Amongst various evils which the proposed change would produce, one result of considerable importance may be here indicated—namely, the imperial English grain being well known in the British empire, and constantly referred to by foreigners in their scientific or professional relations with England, any proposition like that which is contemplated would prove highly objectionable without possessing any compensating advantage whatever. Indications of the decision agreed upon by the Pharmacopœia Committee having been observed, no small sensation was created, especially amongst Fellows of the London College of Physicians, which led to the question being recently brought before that body for consideration, when they

passed at a Comitia almost unanimously the following significant resolution:—

"It having come to the knowledge of this College that in the new Pharmacopœia intended for publication under the authority of the General Medical Council it has been contemplated to introduce a new grain, differing from the standard grain weight of the country, the College is of opinion that however desirable it may be to substitute the Avoirdupois pound for the Troy pound, it is not desirable to introduce a new grain differing from the standard grain, which has been so long in general use and is established by Act of Parliament."

After receiving so authoritative a condemnation, the Medical Council's novel scheme cannot surely proceed further without grave consideration. We understand that the Committee have consulted the two highest authorities on the subject.

## MURDER OF A UNION MEDICAL OFFICER, AND MUTILATION OF THE BODY.

*To the Editor of* THE LANCET.

SIR,—Your readers are already acquainted with the terrible death of Mr. Adam Stapleton Puckett, medical officer of the Weymouth Union, by an insane pauper; I will not, therefore, enter into the details of this horrible murder and barbarous mutilation, but at once beg you will permit me, through the medium of your valuable journal, to appeal to the benevolence of the public and medical profession on behalf of the widow of the deceased, who is left nearly destitute.

I have known the late Mr. Puckett for upwards of twenty years, he having been the assistant of my predecessor; I can therefore bear testimony to the fact that he was a hard-working, kind-hearted man—an apothecary of the old school,—and as attentive to the poor as an enormous district, or rather two combined, which extended fifteen miles across the country, would permit. Why he had such a district I must leave the Poor-law Board and Board of Guardians to answer. That it was cruel to the poor there can be no question, as some of his patients had to walk nine miles for a bottle of medicine and as many home again, making medical relief a mere mockery; but I trust the Select Committee of the House of Commons on Poor Relief, before whom evidence on this subject has already been laid, will recommend to Parliament a material change in the medical arrangements for the relief of the poor.

It was given in evidence at the inquest that poor Puckett only visited the maniac twice a week, and in reality was unaware of his dangerous state, which more frequent visits would have revealed to him; but his enormous district prevented him doing more, as his salary of £116 per annum, including extra medical fees, miserable for such a district, allowed him to keep but one horse; for out of that salary he had not only to pay for the keep of that horse, but had to find drugs for the poor, to maintain himself, his wife, and one daughter to look after the house, and her mother, who has been for the last few years incapable of attending to the household duties.

How poor Puckett, out of so miserable a pittance, managed to do all this is a mystery, as I know for a certainty that during the last six months his entire booking from private practice has been only twenty-three pounds; and yesterday I was assured by a member of his family that at the time of his death he had but twenty one shillings in his possession, besides the few shillings which the maniac took from his pocket and threw into the river. The widow is therefore left nearly destitute—I say nearly, as there is a small insurance on his life, which I was instrumental in his effecting; but I find that is heavily mortgaged to meet incumbrances occasioned by sickness, and the probability is that the rest will be swallowed up in funeral expenses and the payment of debts.

After this brief recital, I feel I shall not appeal in vain to the generosity of the public for a widow whose husband was so barbarously murdered and horribly mutilated. I have opened an account, "The Puckett Fund," at Messrs. Williams' Bank, Weymouth, and at Messrs. Elliot's Bank, Weymouth, where subscriptions may be forwarded, or they may be sent to me, and I will act as treasurer to the fund until means shall be devised to place the money in the hands of trustees for the benefit of the widow, and, if there be sufficient, such members of the family of the deceased as the trustees may deem it desirable to assist. Mr. Puckett left one son and three daughters, all of whom are incapable of assisting their mother.—Yours truly,

RICHARD GRIFFIN, J.P.

12, Royal-terrace, Weymouth, July 12th, 1862.

THE

# GREAT INTERNATIONAL EXHIBITION.

## X.

## REPORT ON SURGICAL INSTRUMENTS.

CONTINUING our notice of new surgical instruments for great operations by foreign and English makers, we would direct attention in Charrière's stall to his remarkable collection of instruments for operations connected with the bladder and urethra. Fig. 26 shows an instrument for internal division of stricture,—"Scarificateur uréthrotome," mode le Charrière,—which may be passed into very tight strictures, and cuts from before backwards, or behind forwards, and to a depth which may be regulated at will. This is the standard model of urethrotomes, and is that which Mr. Coulson, Mr. Henry Thompson, and others have adopted in this country. It is to be found in the cases of Savigny and Co., and other English makers. The same tribute of adoption in this country by the most experienced surgeons and best cutlers has been paid to the lithotritic instruments which Charrière has made for Civiale. We have already spoken of these, and mentioned Coxeter's modification. We will here, therefore, only notice the last improvement which M. Charrière has made in his beautiful lithotrites—namely, that of having reduced the number of pieces by which the broken screw movement is effected from thirteen to three (as is seen in Fig. 27), to the great comfort and advantage of the surgeon, and also his assistant, who has to keep the instruments in good order. We take this opportunity of giving a drawing of the lithoclast of Whicker and Blaise, which we have previously mentioned, and have affirmed from actual observation in practice to be superior to any other instrument in present use. (See Fig. 28.)

FIG. 26.

There are some other urethral instruments in Charrière's case which certainly deserve the attention of English surgeons from their great ingenuity and utility. Among them is the articulated urethral curette (Fig. 29), which may be used for the extraction of small calculi or fragments of calculi lodged in the urethra, and may be used with one hand, the curette having a *point d'appui* at the back, an improvement which most surgeons will be able to appreciate over previous models of urethral scoops. But especially we would notice the instruments for extracting pieces of bougie, hair pins, or other foreign bodies from the bladder. The figures which we give perfectly explain the action of those made for M. Segalas, and which afford the best model we have seen. At 1 in Fig. 30 is seen the instrument ready to be introduced; at 2 a piece of bougie is seen grasped in the bite of the forceps; and at 3 it is observed to be bent and drawn down into the groove of the instrument ready to be withdrawn. Mathieu has a simple modification of the same instrument. The principle is excellent, and the amount of force which can be employed in bending and drawing into the tube metal pins or strong tubes is somewhat surprising. Fig. 31 shows an in-

FIG. 27.

FIG. 28.

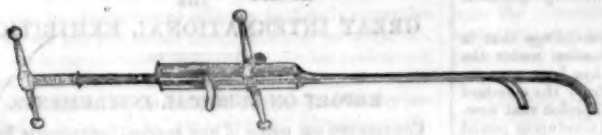

FIG. 29.

FIG. 30.

FIG. 32.

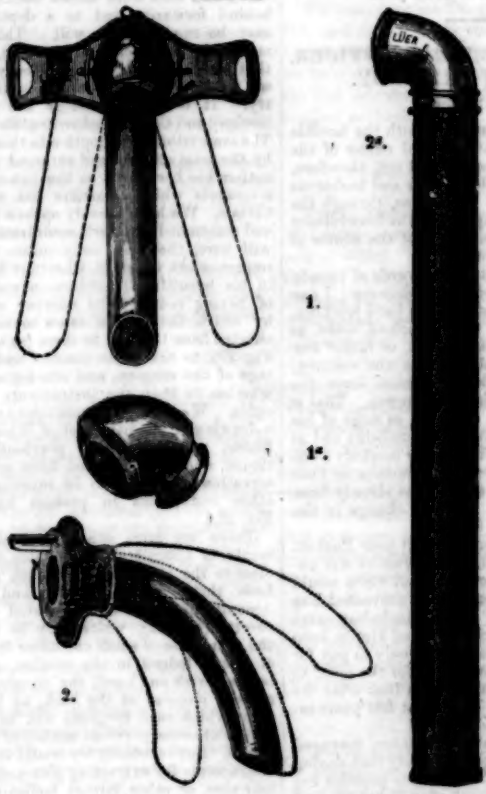


FIG. 31.




strument devised by M. Mercier for extracting pieces of bougie from the bladder. This instrument is provided with a hook, B, which seizes the bougie, B', and bends it sharply in such a manner that at its passage over the neck of the bladder the instrument which carries the foreign body is not arrested by the projection of either end of the sound. It has been successfully employed by Prof. Velpeau at the Charité. The presence of foreign bodies, such as broken bougies &c., in the bladder has so often given rise to calculous deposit, and necessitated the performance of lithotomy, that the perfection of instruments capable of extracting such bodies harmlessly through the urethra soon after the moment of their entrance is a boon to surgery. These instruments are not yet so well known as they are likely to be in our hospitals; but it may be observed that more than once a lithotrite has done duty for them.

The instruments for tracheotomy supplied vary a good deal. The official pattern includes a full set of double tubes, with air hole, of the classic shape. Those for private surgeons mostly contain the wedge-shaped dilating tubes which Whicker and Blaise first made at the suggestion of Dr. Fuller; most of them include a form of dilating tracheotome. M. Lüer has a set of instruments constructed for M. Chassaignac, which may be seen in the engraving (Fig. 32). The importance of making the tube swing easily on the external plate is very great, as those can testify who have witnessed the ulceration &c. caused by the immovable tubes generally employed. The two canulæ are so arranged as to remain for a long time *in situ* without permitting the patient to speak. They present at the upper part a large opening, which allows the passage of air, this being placed low to prevent the encroachment of fleshy granulations which occurs frequently with other canulæ. Canula No. 1 ends in a dilated extremity, in which is placed a movable aluminium ball, which closes the orifice at each effort to speak, and the air passing along the larynx permits perfect speech. Mucosities do not in this canula gain admission and spoil the play of its parts; and the bending of the terminal extremity causes the air only to reach the bronchi after having undergone a useful modification of temperature. In No. 2 the same result is obtained by a caoutchouc tube which terminates the canula. This tube, placed under the cravat and in the breast of the patient, only allows warm air to enter the pulmonary passages; and when the wearer of it wishes to speak, he has but gently to compress this tube in front of the chest, and the air then passes along the larynx. With the aid of these canulæ, patients who have undergone tracheotomy, and must continue to wear their tubes, are easily enabled to talk perfectly well. These two apparatus are of course fixed on the movable canulæ which M. Lüer has introduced, and which constitute a necessary improvement in tracheotomy canulæ. M. Mathieu's cases of instruments for tracheotomy are very complete, and there are some pieces in them which may usefully be added to our cases. The combination of the movable plates with the wedge-shaped tubes would give, we think, the best form of tube yet devised.

# Correspondence.

"Audi alteram partem."

## CONSULTATIONS WITH HOMŒOPATHS.

*To the Editor of* THE LANCET.

SIR,—My attention has been again directed to the letter of Dr. Clay in your impression of May 31st. Dr. Clay, without denying that he did consult with a homœopathist at Hanley, offers to supply "Inquirer" with all the information he seeks, if he will make a distinct charge and give his real name. As yet "Inquirer" has not replied to the challenge thrown out by Dr. Clay. After the appearance of this communication I trust he will hasten to do so.

In THE LANCET of May 24th appeared a short note from "Respondent," stating his knowledge of an instance where Dr. Clay deliberately consulted with a homœopathist. Now, as I am responsible for that note, I feel that Dr. Clay's challenge is directed to me as well as to "Inquirer," although Dr. Clay makes no specific reference to the communication of "Respondent."

Dr. Clay has certainly a right to the particulars when he is charged with what most medical men would consider a grave breach of medical etiquette, so that he may have an opportunity of explaining away or rebutting that charge. And for myself, I shall have the utmost satisfaction in making the *amende honorable* to Dr. Clay if he can do the one or the other.

The circumstances within my knowledge are these:—On the 14th of May I was requested by a Mr. Doherty to see his wife. Mr. Doherty informed me that his wife had been under the care of Dr. ——, a gentleman who gives himself out as practising homœopathy, and who is one of the medical officers to a homœopathic institution in this town. Mr. Doherty further informed me, without any solicitation on my part, that Dr. —— had called in Dr. Clay, and that the two gentlemen had seen the patient together in consultation. He also mentioned that Dr. Clay had met the same homœopathist in consultation in other instances within his knowledge—a proceeding, as he said, which surprised him, as he knew that ordinary practitioners altogether refused to meet homœopathists in consultation.

When I mentioned this circumstance to some medical friends, I was told that the fact was notorious; and two practitioners of this town informed me of other positive instances within their knowledge where Dr. Clay had met a homœopathist in consultation.

There is not the least doubt that the belief that Dr. Clay meets homœopathists in consultation is current amongst the profession in Manchester; and many have felt hurt that one claiming the standing that Dr. Clay claims should run counter to the general course of the profession in this particular.

Dr. Clay's proceeding, supposing my information correct, is the more extraordinary coming after the recent exposure of this pretended system of practice. It has now been made clear by my own investigations, and still more positively by the admissions of two so called homœopathists of this town, who have published replies to my pamphlet on the subject, that modern homœopathy has ceased to be a new system of practice, and is now only the old thing with a new name. All that is required of a would-be homœopathist now-a-days is, not to depart from the usual routine of ordinary practice, but to believe, or profess to believe, a universal theory. The question between us and the homœopaths is not, in my view, one of doctrine and practice, but one of ethics or medical etiquette.

I have received communications from Edinburgh, Leeds, Cambridge, Bristol, Birmingham, London, and several other localities, all giving evidence that there is in those places the same breaking up of what has hitherto been regarded, on the faith of their books, as the essential features of homœopathic practice, as I have discovered to exist in Manchester.

For my part, I pay no heed to any man's medical creed; and if a regularly qualified practitioner believed that cholera could be cured by tincture of sunbeams, or phthisis by the excreta of reptiles, I see in that no reason why he should not be met in consultation. I can pardon homœopathists their absurd theory; but when a body of men place themselves in deliberate antagonism to scientific medicine, while at the same time they eagerly use all its resources, having a new theory in their mouths and an old practice in their hands, I say that those men have placed themselves outside the pale of professional courtesy. This appears to be the all but unanimous opinion of the profession, not only in England, but throughout the world. Everywhere homœopathists are treated as irregular practitioners.

If Dr. Clay can show that the impression prevailing in Manchester is without foundation, no one will rejoice more than myself. If, on the contrary, he holds that to meet homœopathists is a right and proper course for scientific physicians and surgeons to pursue, then I can only say that I wholly differ from him.

Yours, &c.,

Manchester, July, 1862. WM. ROBERTS, M.D.

## MR. SYME'S LATE CASE OF ILIAC ANEURISM.

*To the Editor of* THE LANCET.

SIR,—Professor Syme, in his paper on the case of Iliac Aneurism, read before the Royal Medical and Chirurgical Society, London, on the 27th May last, and published in THE LANCET on the 7th June, states that the case having been admitted into the hospital of Dumfries, operative interference was there declined. As the case was under my care when in the Dumfries hospital, I think it due to my colleagues and myself to affirm that, on the contrary, not only was every effort tried to persuade the man to submit to an operation, but that after leaving repeated attempts were made, by calling upon him personally, to prevail upon him to return to be operated upon.

By inserting the above, you will oblige

Your most obedient servant,

ALEX. BORTHWICK,

Dumfries, July, 1862. Surgeon to the Dumfries Infirmary.

## PROFESSIONAL TITLES.

*To the Editor of* THE LANCET.

SIR,—The subject of professional titles is one which hitherto has scarcely received that attention on the part of the profession and the public which its importance demands. It must often happen to physicians and surgeons in extensive practice to be consulted, each both in medical and surgical cases, while the former professes to be competent to treat medical cases only, and the latter surgical cases only. At the present time professional titles are so little understood by the general public, that it suffices for any man to be spoken of as a clever practitioner, and, whether he be physician or surgeon, everyone requiring professional aid is anxious to consult him. What is the consequence? Unless a gentleman be strictly conscientious, he is tempted, perhaps, to undertake a case which rightly belongs to the other branch of the profession, and which he himself is not competent to treat. Thus not only is a gross injustice done to the patient, but the brother practitioner is deprived of that which is his due.

My remarks refer more especially to hospital physicians and surgeons; and since it is the duty of the profession to instruct the public how to select an adviser from the branch appropriate to any individual case, let the title of "Dr." appertain still to the M.D. and member of a College of Physicians; while the prefix of "Surgeon," instead of "Mr.," is given to the duly qualified practitioner in pure surgery. If the latter gentlemen would thus inscribe themselves both on their door-plates and visiting-cards, the public would soon learn discrimination. I can see no reason why this practice should not be adopted as well in this as in the sister isle.

I am, Sir, yours, &c.,

July, 1862. C. F. MAUNDER, F.R.C.S.

## THE MUSEUM OF PATENTS AND THE INTERNATIONAL EXHIBITION OF 1862.

*To the Editor of* THE LANCET.

SIR,—Having supplied you with woodcut engravings of my tin-plate splints at your request, I feel bound to enter on explanation of their non-appearance in the Exhibition, as they are named in the official catalogue.

The space of three feet frontage was required by me, and granted by Mr. Sandford, for tin-plate splints, which were applied on two casts from nature; one of them was three feet in length, and many others for different parts of the body were also deposited in the case. The superintendent of Class 17, Mr. Traer, a surgeon, would have the space altered to two feet frontage, an impossible space for fair examination of the whole

in a crowded state; at the same time, assigning as a reason, that other exhibitors had no more. He also told me, by letter, that my articles would be very well seen where he had appointed them. Not having seen them, how could he be so assured? Occupation of my place was held for several days, when Mr. Traer removed the case, splints, &c., to a safe part in the building. It now appears that three, four, six, and even nine or twelve feet frontage are appropriated, with three feet in depth, to many surgical instrument makers in the Exhibition.

The frivolous objections of colour, bad arrangement of splints and labels, were immediately and repeatedly offered to be remedied to meet the fancy of Her Majesty's Commissioners without avail. This alteration of the space was effectual; consequently, removal on the 25th ultimo from the building, and transferring the same to the Museum of Patents were effected, where the invention for an entire new system of surgery was gladly accepted for *free* public examination.

The simplicity of the application and adaptation to every part of the body, in wounds and fractures of the extremities, by the aid of a strap of leather, without a pin, buckle, or knot, and dispensing with all pads, bandages, plasters, and poultices, are worthy of publicity for the benefit of our fellow-creatures. I hope you will grant me space in your widely circulated journal for this explanation.

I am, Sir, faithfully yours,

Daniel-street, Bath, July, 1862. WM. PARKER, M.R.C.S.

## PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

THE success of M. Nélaton's ovariotomy case has had the effect of dispelling the uncomfortable conviction which had for some years been prevalent in Paris among surgeons, relative to the fatality attending certain important operations when performed within the town limits. Neuilly, the suburb selected by M. Nélaton as the patient's residence, lies just beyond the fortifications, and is situated with regard to this capital much as Kensington is to London, enjoying an average reputation for salubrity. In the case operated on by M. Demarquay ten weeks ago, the patient was conveyed to St. Germain; the result, nevertheless, was unsuccessful. The strong will and courageous pertinacity of the distinguished French surgeon have achieved a signal triumph, and the possibility of successfully performing ovariotomy under the climate of Paris is now fully established. As the first successful case of ovariotomy conducted *more Britannico* in this capital, this particular operation is highly interesting to the English medical public; and the frankness with which M. Nélaton avows his obligation to his *confrères d'outremanche* is as creditable to himself as it must be gratifying to them. M. Nélaton's case is only the fourth success which France can count in this particular branch of surgery since 1781: the first being that of Laumonier, in that year; the second, that of Dr. Vaullegeard, in 1847; and the third, that of Dr. Kœberlé, occurring a fortnight before M. Nélaton's operation, and referred to in your issue of July 5th.

M. Leperdriel has recently introduced to the notice of the profession, in a thesis sustained before the Montpellier School of Pharmacy, a so-called advantageous substitute for the ergot of rye,—namely, the ergot of wheat. The latter is said to be possessed of greater power and of less poisonous qualities than the former, and should, according to the writer, be made entirely to supersede the older drug both as regards obstetric and general purposes. As, however, the differential analyses of the ergots, obtained from either source, do not in any way account for a superiority of action on the part of the ergot of wheat—this variety, on the contrary, being less rich in the fatty resinous oil on which part of the medicinal action of the drug depends,—the critics agree in ignoring the plea of M. Leperdriel, and in leaving to the ergot of rye undisputed possession of its appointed corner in the "obstetric bag."

A letter from Dr. Buez, now doing duty with the French expeditionary corps in Mexico, gives some interesting details regarding the yellow fever as witnessed in that country this year by himself. "In a town," says the writer, "so unhealthy as is Vera Cruz yellow fever prevails almost constantly in a sporadic form, but the seasons at which the regular epidemics occur are the months of May and September. This year, however, in consequence most probably of the influx of non-acclimatized strangers, the malady commenced its ravages in the month of March." Dr. Buez observed some difference in the type of this year's fever as compared with that recorded by M. Dutrouleau in his work on the "Diseases of Europeans in Tropical Climates." On the present occasion, the ataxic and congestive types, as well as the marked periods of remission, were wanting. The adynamic form was most frequently met with, accompanied by a moderate amount of fever, tending to the typhoid character. The general duration of the fever was from twenty-four to thirty-six or forty-eight hours; and when it exceeded this last limit, it was followed by vomiting—first bilious, then black; and usually terminated fatally. If by the third or fifth day the fever remitted, stupor resembling that of typhoid fever mostly set in—a condition which, if not actually attended by death, was at least the forerunner of an almost interminable convalescence. The disease, as is the case with cholera, not unfrequently assumed an insidious character; and some patients died without jaundice, vomiting, or suppression of the urine. The treatment resorted to was mainly that of free purgation by castor oil, administered at the outset of the disorder, and repeated frequently at short intervals. Efforts were likewise made, by the use of tea and other warm drinks, to keep up the circulation in the skin. Bleeding was sparingly practised, and when employed was found decidedly unsuccessful. The mortality up to the 30th of May averaged 22 per cent. of the number attacked.

In a report read by M. Briquet at the Academy of Medicine on the forms of continued fever observed in the military hospitals of Constantinople, the question of the identity of typhoid and typhus fever is referred to. M. Cazalas, author of the memoir, maintains that the difference between the two forms of fever as observed by himself is one of degree and not of kind, and states that in thirty-one out of thirty-five autopsies of typhus cases he found ulceration of Brunner's glands and Peyer's patches. Two of the conclusions of M. Cazalas, readily endorsed by M. Briquet, are worthy of attention — the one establishing the fatal tendency of the let-alone treatment, the other the equally fatal effects of treatment by tonics and stimulants in the commencement of the disorder.

In mentioning in a former letter the large amount of hypophosphites of lime and soda yearly exported to America by the single house of Swann and Co., of Paris, I omitted to notice another preparation of a somewhat similar nature, likewise emanating from the same laboratory, for the almost exclusive use of our transatlantic brethren, and which is, I am informed, highly appreciated in America as an antichlorotic. Of this drug, the hypophosphite of manganese, beyond the fact of its existence, to within a few days back I knew nothing. I have, however, been informed by a very competent therapeutist—*un homme de progrès*, as the expression is—that in those cases in which steel is indicated, but inadmissible from the fact of its producing headache, constipation, or any other bad effect, the hypophosphite of manganese is found to answer admirably.

A second edition of M. Velpeau's "Treatise of the Diseases of the Breast" has appeared. In this new issue of his deservedly famous monograph, M. Velpeau maintains the opinion he had already expressed at the Academy of Medicine relative to the fallibility of the microscope as a diagnostic agent in the detection of malignant disease. "Many tumours," he reiterates, "which have by the microscope been acquitted of malignity, are subsequently condemned as cancerous by clinical experience."

The coal-tar dressing of MM. Corne and Demeaux, so long the subject of experiment at the Charité in the wards of the illustrious Professor just mentioned, is apparently destined to have many rivals, or rather successors. M. Desmartis happening on one occasion to make use of a mixture of lard and extract of logwood (Hæmatoxylon Campechianum) in the dressing of a cancerous sore, was surprised to find that all fœtidity disappeared so long as the unguent remained in contact with the ulcerated surface, and he consequently commenced a course of experiments with this preparation. The result has been so satisfactory that M. Desmartis has thought the discovery of sufficient importance to be communicated to the Academy of Sciences. This gentleman also goes so far as to say that in cases of mortification and hospital gangrene the same remedy causes the disorder to vanish as by enchantment. Let us hope that it may be so.

July 15th, 1862.

RETIREMENT OF PROFESSOR M'FARLANE.—This gentleman is compelled by declining health to resign all the appointments he held at Glasgow. During the month of August the Chair of Practice of Physic will be vacant.

## JURY AWARDS AT THE INTERNATIONAL EXHIBITION.

SURGICAL INSTRUMENTS.—(MEDALS.)

*United Kingdom.*—Ashe, C., and Sons; Bailey, W. H.; Barling, J.; Bigg, H. H.; Brown, S. S.; Coxeter, J.; Durroch, W. F.; Ernst, F. G.; Evans and Stevens; Evrard, J.; Fergusson, J. and J.; Gray, J., and Co.; Grossmith, W. R.; Hilliard, W. B.; Hooper, W.; Lawson, Buxton, and Co.; Lemale, T., and Co.; Longdon, F., and Co.; Masters, M.; Matthews, W.; Norman, S., jun.; O'Connell, E.; Pratt, J. F.; Rein, Mrs. S.; Savory and Moore; Simpson, H.; Spratt, W. H.; Weedon, T.; Weiss and Sons; Westbury, R.; Whicker and Blaise; Whibley, E.

*Austria.*—Czermak, Dr. J.; Hebra, Dr. F.; Hyrtl, Prof.; Leiter, J., Türck, Dr. L.

*Denmark.*—Nyrop, Prof. C.; Rasmussen, A.

*France.*—Auzoux, L., Dr.; Béchard, R. L.; Charrière, J. J.; Duchenne, G., Dr.; François and Fonquet; Galante, H.; Grandcollot; Lackerbauer, P.; Lami, A.; Lavezzari, E.; Lebellegnie, P. J.; Lüer, G. G. A.; Marey, J., Dr.; Mathieu, L. J.; Mericant, E.; Nachet and Son; Preterre, P. A.; Sales-Giron, Dr.; Thiers, L. P. T.; Wickham.

*Italy.*—Lollini, P. and P.

*Prussia.*—Goldschmidt.; Windler, H.; Lutter, A.

*Russia.*—Crown Factory for Surgical Instruments.

*Sweden.*—Stille, A.

*United States.*—Bates, Robert.

MEDICAL AND PHARMACEUTICAL PRODUCTS AND PROCESSES. (MEDALS.)

*United Kingdom.*—Davy, Macmurdo, and Co.; Howards and Sons; Holland, W.; Huskissons and Sons; Macfarlan, J. F., and Co.; Pharmaceutical Society of Great Britain; Ransom, W.; Smith, T. and H.

*India.*—Kooney Lall Dey.

*Austria.*—Zacherl, J.

*Baden.*—Mürrle, G. Jac.

*Bavaria.*—Wolffmüller, A.

*Brazil.*—Peckholt, T.; Santos, M. E. C., Dos and Son.

*Denmark.*—Benzon, A.

*France.*—Armet, de Lisle, and Armet, Vivian; Aubergier; Belanger; Berjot, J.; Callou, A., and Vallée; Cavalier; Dubosc and Co.; Joret, E. M. F., and Homolle, G.

*Frankfort-on-Maine.*—Zimmer, C.

*French Colony.*—Collas, Dr.; Lepine, J.; Local Committee in French Guiana for the London Exhibition of 1862.

*Hesse (Grand Duchy of).*—Merck, E.

*Italy.*—Coutissini, F., and Co.; Dufour, Brothers.

*Netherlands.*—Junghurn, Dr.

*Norway.*—Möller, Peter.

*Portugal.*—Welwitsch, F.

*Prussia.*—Marquardt, Dr. L.

*Saxony.*—Heine and Co.; Sachsse, E. and Co.; Schimmel and Co.

*Sweden.*—Cavalli, J. G.

*United States.*—Philadelphia College of Pharmacy.

*Wurtemberg.*—Bohringer, C. F., and Sons; Wolff, F. A., and Sons.

In the absence of Wm. Lawrence, Esq., F.R.S., Deputy Inspector-General T. Longmore, Professor of Military Surgery at the Army Medical School, acted as Chairman of the Committee of Class XVII., Surgical Instruments, and received the Jury Awards from H.R.H. the Duke of Cambridge, at the State Ceremonial of the International Exhibition on the 11th instant.

# Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At the Comitia Majora held on the 12th inst., the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the Science and Practice of Medicine and Midwifery, were duly admitted to practise Physic as Licentiates of the College:—

Clarke, Julius St. Thomas, Leicester.
Dixon, Edward Livesey, Preston.
Lyons, William, M.D., Madras.
Mills, William Partridge, Ipswich.
Power, William Horton Trevor, University College.
Rowland, Henry Marshall, Bootle.
Smith, Edward, St. George's-place.
Walls, William, Hindley, near Wigan.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 10th inst.:—

Bazeley, William, St. Aubyn-street, Devonport.
Foster, John, Bradford.
Harle, Charles Ebenezer, Islington.
James, John, Cardigan.
Kernot, Charles Noyce, West Cowes, Isle of Wight.
Michell, Sloane, Minehead, Somerset.
Oliver, John Harner, Llandysilio, Montgomeryshire.
Roberts, John, Kidwell, Carmarthenshire.
Walls, William, Hindley, Lancashire.
White, Richard George, Melton Mowbray, Leicestershire.

The following gentlemen also on the same day passed their first examination:—

Carter, Thomas, Guy's Hospital.
Candle, William Adolphus Frederick, King's College.
Goold, Horatio Bate, King's College.
Griffiths, Thomas, St. Thomas's Hospital.
Hobbs, Henry Addison, St. Thomas's Hospital.
Leach, Matthew, King's College.
Spurway, Charles, St. Bartholomew's Hospital.

OXFORD UNIVERSITY.—At a Congregation held on the 3rd inst., the degree of Bachelor of Medicine was conferred on

Macleane, C. D., Exeter College.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—The following gentlemen passed the Major Examination as Pharmaceutical Chemists on the 16th inst.:—Rowland Chessall, London; Alfred Hodder, Bristol; Walter Holgate, Liverpool; Francis J. Brown, Weston-super-Mare; Hugh G. Hughes, Holyhead; and John Whitfield, York.

MANDRAKE.—Two children died lately at Melton Mowbray from having eaten a quantity of mandrake, which was growing in a field where they were playing.

HEALTH IN INDIA.—Cholera is prevailing in many parts of the country. The health of the town and island of Bombay is not now declining, although there is some cholera. The rainy season has set in. Cholera has somewhat abated at Gujerat.

THE WAR IN CHINA.—Assistant-Surgeon A. Hogg, of H.M.'s ship *Encounter*, was severely wounded at the capture of Ningpo on May 10th. In the engagement, Dr. A. Irwin, of the same ship, was continually under fire whilst attending the wounded.

CHURCHES FOR HOSPITALS.—The Secretary of War at Washington has given notice that the churches in Washington and Alexandria will be needed for temporary occupation as hospitals for the sick and wounded soldiers arriving from Virginia.

LECTURE BY A DEAF-MUTE.—On Wednesday, the 2nd inst., an interesting lecture was delivered by Mr. Ernest Griolet, a deaf-mute, at the Polytechnic Institution. The subject was "The Mountain of Bella Iola in Switzerland," and his own personal adventures.

THE CORONERSHIP FOR THE WESTERN DIVISION OF MIDDLESEX.—The official declaration of the poll for the Coronership of the Western Division of Middlesex was made on Wednesday last, at Brentford, by Mr. Sheriff Twentyman, who intimated that the election had fallen on Mr. James Bird by a majority of 382; the numbers being—for Mr. Bird, 1143; Mr. F. Charsley, 761.

NICOTINE—ITS PRESENCE IN THE ORGANS OF A SNUFF-TAKER.—M. Morain, of Rouen, in the case of a man of seventy years of age, resolved to ascertain after death if nicotine could be detected. Having reduced the lungs and liver separately into pulpy masses, he treated the former with sulphuric acid, and the latter with oxalic acid, both much diluted. Subsequent manipulations proved the presence of nicotine in both instances.

DUTIES ON DRUGS AND MEDICINES IN AMERICA.—The new American Tariff Bill, which is expected almost immediately to become law, adds very considerably to the duties levied on nearly all articles of import. Drugs are taxed very high, additional duties being imposed in almost every instance: perfumes and cosmetics 50 per cent. *ad valorem;* medicines of various kinds 10 per cent. *ad valorem*, in addition to former duties.

SEVERE WOUND OF THE HEAD.—In a recent fight with the Borneo pirates, one man was brought up with the top of his skull as clearly lifted up by the blow of a Sooloo knife as if it had been done *secundum artem* by an adept at post-mortems, who wished to have a peep at the dura mater *in situ*. It was like the lid of a box partly open, and required considerable force to shut it, and to get it into its right place again. The man was living, and likely to recover.

HOUSE OF COMMONS, JULY 14TH. — Mr. M. Smith moved amendments of the third clause of the Lunacy Regulation Bill, with the view of excluding two restrictions: one limiting the inquiry in lunacy cases to two years from its date; the other declaring that the opinion of any medical practitioner shall not be admissible as evidence of the insanity of the party. After much discussion, the former amendment was negatived, upon a division, by 86 to 50; the latter was carried by 72 to 53. The seventh clause, relative to the employment of shorthand writers, was negatived. The remaining clauses and certain new ones were agreed to.

REMOVAL OF MRS. VYSE FROM NEWGATE.—The unhappy lady Mrs. Vyse, acquitted of the murder of her two children at the last sittings of the Central Criminal Court on the ground of insanity, and who was ordered by the judge to be detained during her Majesty's pleasure, has, by order of the Home Secretary, been removed from the jail of Newgate to Bethlem Hospital, St. George's-fields, Lambeth, where she will be kept as a criminal lunatic for the remainder of her days.

CHOLERA.—Sir Fitzroy Kelly has presented a petition to the House of Commons from Dr. Macloughlin, setting forth that as cholera has never been scientifically studied in India, and that as the medical treatment of this disease adopted in India is empirical, and more likely to destroy than to save life, the petitioner therefore prays that a committee or a royal commission be appointed to inquire into the subject, and that he may be heard in support of his allegations. Neither committee nor commission, probably, will modify the opinions of the learned, and rather absolute, doctor.

THE WEST-RIDING MEDICAL CHARITABLE SOCIETY.—The anniversary of this valuable institution was held this year at Halifax, in the board-room of the Infirmary, on the 10th instant, where members from many parts of the Riding assembled. After despatching the business of the Society, and disbursing between £300 and £400 to sixteen needy annuitant widows and orphan children, the members dined together at the White Swan Hotel, where ample provision was made for their reception. Drs. Kenny and Alexander presided, and the Rev. Mr. Bagot (in the absence of Archdeacon Musgrave) officiated as chaplain.

TEN PERSONS POISONED.—RUGBY, JULY 12TH.—A most melancholy occurrence has just taken place in a farmhouse at Ashby St. Ledgers, a village on the borders of Northamptonshire, not far from this town. It appears that Mr. William Payne Cowley, a farmer, living in that village with his mother (who is a widow) and his brothers, had his sheep dipped, or washed, last week. The object of this dipping, or washing, is the extermination of vermin; and for this purpose a strong mixture of arsenic and soft soap, diluted with water, is used. On Tuesday morning last Mr. W. P. Cowley sent his brother, Mr. E. Cowley, to the adjoining town of Daventry, where he purchased 6 lb. of white arsenic and a barrel of soft soap, weighing 30 lb. On the following morning Mr. W. P. Cowley and his mother prepared the sheep-dipping mixture, in which some lambs were washed. In this operation Mr. Cowley and several of his labourers were employed. After assisting her son in the preparation of the soap and arsenic, Mrs. Cowley proceeded to make a batter pudding for the dinner of her family and the labourers and servants. By some means as yet unaccounted for it appears that some arsenic must have become mixed with the pudding, for the whole of the persons who partook of it—ten in number—became violently sick just after dinner, and exhibited all the symptoms of being poisoned. The best medical assistance in the neighbourhood was procured, but one man has already died, and another is not expected to survive; the others are all more or less affected. The name of the deceased is Richard Smith; he was an agricultural labourer, and fifty-three years of age. The following is a list of the other persons who are ill:—Mr. Edwin Cowley, farmer; Mr. Perkin Cowley, farmer; William Montgomery, shepherd; John Cowley, labourer; Jane Cox, housemaid; Mary Ann Montgomery, servant; and three boys named John Cox, Thomas Montgomery, and George Smith. Mr. W. Terry, the Coroner for the Central District of Northamptonshire, held an inquest on the body of the deceased, Richard Smith, at Ashby St. Ledgers, on Tuesday afternoon. Several witnesses having been examined, the inquiry was adjourned.—*Globe.*

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, JULY 12TH.—The returns exhibit a very favourable state of the public health. The total number of deaths returned for last week was 1065. If a rate of mortality equal to the average as deduced from deaths in the twenty-eighth week of each of the years 1832–61 had prevailed last week the deaths would have been 1155. But the actual number was less by 90 than that which is obtained by calculation. The births last week exceeded the deaths in the same period by 642. Measles was less fatal than it had been in some previous weeks. It declined from about 60 to 38 last week. Of this latter number more than half occurred in the East districts. Scarlatina was returned in 48 cases. There were 51 deaths from typhus, and 39 from diarrhœa. The latter disease appears to be now on the increase. Three infants died of summer cholera. Embolism was returned as the cause of a death. This term appears in the Returns for the first time. A long tubular clot of blood, detached from some vein, filled the right ventricle of the heart, stopped the circulation, and was fatal in six hours.

Births last week were—Boys, 852; girls, 825. Total 1707.

# Obituary.

## DR. RICHARD EVANS.

IT is with the deepest grief that we record the unexpected and almost sudden death of Dr. Richard David Jones Evans, of Hertford, which took place on Wednesday, the 9th inst. We understand that the cause of death was enlargement of the liver. The symptoms, so far as is known, were sudden in their appearance. The disease, however, made such rapid progress that for some days before his death all hope of his recovery had been given up by his medical attendants and his family.

Dr. Richard Evans was one of three brothers, whom their mother bore at a single birth, and all of whom survived: one took holy orders, and the two others entered the medical profession. Dr. Richard Evans many years ago took up his residence in Hertford, and, with his brother, Dr. John Evans, has long been counted amongst the most worthy and honoured of the inhabitants of the town. He was the medical officer of Christ's Hospital, and occupied the same post at Haileybury College when that establishment was in the hands of the East India Company; and for more than a quarter of a century he has given his gratuitous services as one of the medical officers of the General Infirmary at Hertford. In recognition of the services thus rendered by him, the friends and supporters of the infirmary two years ago presented him with a testimonial, consisting of a silver inkstand, a silver tea and coffee service, and a massive salver. Dr. Evans for some years past had held the honourable position of one of her Majesty's Justices of the Peace for the Borough of Hertford. In professional and private life he was respected and loved for the integrity of his character, and the kindness of his disposition and manners. His death will be felt as a public loss in the town and neighbourhood of Hertford.

## MEDICAL VACANCIES.

A VACANCY has occurred in the Brompton Hospital for Consumption for a Resident Clinical Assistant.

There is a vacancy for a Surgeon to the Wandsworth House of Correction.

The office of Physician to the City Dispensary has become vacant in consequence of the resignation of Dr. W. A. Smith.

There is a vacancy for a Medical Officer in the Daventry Union.

A Medical Officer is required for the Camberwell Provident Dispensary.

## MEDICAL APPOINTMENTS.

DR. EDWARD LYNES has been elected Surgeon to the Coventry and Warwickshire Hospital.

Dr. George G. Rogers has been appointed Physician to the West London Hospital.

Dr. David Skae, Medical Superintendent of the Royal Lunatic Asylum, Morningside, Edinburgh, has been elected President of the Association of Medical Officers of Asylums and Hospitals for the Insane.

Dr. William Paley is President Elect of the South Midland Branch of the British Medical Association.

Mr. Frederick Greenwood has been appointed Surgeon to the Huddersfield and Upper Agbrigg Infirmary.

Mr. William Saul has been elected Surgeon to the St. Pancras Infirmary and Workhouse.

Dr. Frederick Deyns has been elected Medical Officer and Public Vaccinator for the Fenny Stratford District of the Newport Pagnell Union, Bucks.

Mr. Jonah Plummer has been elected Medical Officer for District No. 3 of the York Union.

Mr. Francis D. Pearce has been re-appointed Medical Officer and Public Vaccinator for the Charleton District of the Kingsbridge Union, Devonshire.

Dr. Henry Day, and Dr. Robert Hutchinson Powell, Physicians to the Chester Infirmary, have been elected Physicians to the County Infirmary, Stafford, vice Dr. Edward Knight, deceased, and Dr. John T. Harland, resigned.

# Medical Diary of the Week.

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| MONDAY, JULY 21 | ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 1½ P.M.<br>METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M. |
| TUESDAY, JULY 22 | GUY'S HOSPITAL.—Operations, 1½ P.M.<br>WESTMINSTER HOSPITAL.—Operations, 2 P.M. |
| WEDNESDAY, JULY 23 | MIDDLESEX HOSPITAL.—Operations, 1 P.M.<br>ST. MARY'S HOSPITAL.—Operations, 1 P.M.<br>UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M.<br>ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M. |
| THURSDAY, JULY 24 | ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.<br>CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M.<br>LONDON HOSPITAL.—Operations, 1½ P.M.<br>ROYAL FREE HOSPITAL.—Operations, 1½ P.M.<br>GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M.<br>LONDON SURGICAL HOME.—Operations, 2 P.M.<br>WEST LONDON HOSPITAL.—Operations, 2 P.M. |
| FRIDAY, JULY 25 | WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M. |
| SATURDAY, JULY 26 | ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.<br>ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.<br>KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.<br>CHARING-CROSS HOSPITAL.—Operations, 2 P.M. |

# To Correspondents.

*A Young Pathologist* will find all he desires in M. Lancereaux's recent memoir, "De la Thrombose et de l'Embolie Cérébrales considerées principalement dans leurs Rapports avec le Ramollissement du Cerveau." Paris, 1862. De la Haye.

*E. P.*—The resolutions of the College of Surgeons respecting the L.M. will be found in the Students' Number of THE LANCET.

### CASE OF SPASMODIC VOMITING.

*To the Editor of* THE LANCET.

SIR,—One of your correspondents of July 5th describes a case of supposed hysteria exactly similar to one which lately occurred to myself.

The patient, a girl of sixteen, had menstruated regularly for the previous twelvemonth, and after an attack of epistaxis commenced vomiting, and continued to vomit everything taken during *eleven months*. There were no symptoms of ulceration of the stomach, and, strange to say, there was no pain whatever about the stomach, even on pressure, until a short time before death, when every part of the body was equally tender to the touch. I treated the case as one of chronic gastritis. Everything she swallowed, barley-water, thin arrowroot, gruel, or even water, returned almost as it was taken, except with the addition of a little mucus sometimes. She could take only fluids, and for the last two or three months, cold water or very weak brandy-and-water, a portion of which must have been retained. The remedies used were effervescing draughts, prussic acid, salicine, creasote, chloric ether, ice, iced water, iced champagne, soda-water, and lime-water, alone and with milk; leeches, blisters, turpentine stupes, poultices, wet compresses, galvanism, &c., but nothing produced the slightest effect. Her strength was kept up for some time with enemata of beef-tea and port wine; but the bowels soon ceased to retain the injections, and they were discontinued. The bowels were moved as occasion required by hot fomentations to the abdomen, once in ten or fourteen days. Great relief was obtained from daily sponging with cold water, and to this I attribute the absence of the slightest bed-sore, although she occupied the same bed for eleven months.

This case came under the notice of a distinguished authoress, who is a great advocate of homœopathy, and to whom I gave a fair chance to make a trial of the boasted globule system, having ceased to administer medicines myself for many weeks. This lady gave hopes of recovery to the friends of the patient, and tried to persuade them the treatment was beneficial; but they had the good sense not to be deluded. She died at last of complete inanition, attenuated to the last degree, yet perfectly sensible to the end.

I remain, Sir, yours truly,

July, 1862. BETA.

*To the Editor of* THE LANCET.

SIR,—Will "Kappa" try strychnine in one-sixteenth grain doses three times a day, with or without quinine and assafœtida? The latter, if to be of service, should be given in ten-grain doses at least three times daily. Should "Kappa" be induced to try strychnine, perhaps he would kindly state the result in THE LANCET.

I am, Sir, yours truly,

July, 1862. R. W. F.

*A Subscriber.*—By a proper introduction he would be admitted to the practice of any of the metropolitan hospitals.

*Nil Desperandum* had better take things coolly for the remainder of his engagement.

### HAY FEVER.

*To the Editor of* THE LANCET.

SIR,—In answer to "Miles," who in your journal asks for some information upon the treatment of hay fever, I beg to suggest the liquor of arsenite of potass in five-minim doses two or three times a day in water, as I have seen great benefit derived from the use of this drug in many cases.

I am, Sir, yours, &c.,

Burbage, July, 1862. C. SWABY SMITH, M.R.C.S.E.

*A. B. C.*—1. It is doubtful whether the guardians possess the legal right to issue such an order. — 2. It would be more consistent with justice and professional etiquette that the surgeon to whom the order was issued should hand over the patient to the gentleman legally in charge of the district in which the patient resides.

*R. C.*—The Westminster Lying-in Hospital, Lambeth; or, what is much more likely to meet our correspondent's wishes, the Rotunda Hospital, Dublin.

### VENOMOUS CATERPILLARS.

*To the Editor of* THE LANCET.

SIR,—The following appeared in *Galignani's Messenger*, and was copied into *The Field* of June 21st:—

"A most singular case, perhaps the only one on record, of death caused by caterpillars occurred a few days ago in the commune of Dardilly, near Lyons. A little boy, not more than eight years old, had gone into a neighbouring wood in quest of birds' nests. Perceiving one on the top of a tree, he climbed up; but in so doing shook down an immense number of caterpillars, many of which fell on his shirt, his only upper garment, and soon covered his breast, which was bare, and penetrated to his arms and shoulders. For a few minutes the child took no notice of this; but he soon felt such an itching sensation, that he was compelled to get down, and run home for assistance. Upon examination, his skin appeared covered with large red spots, which were soon followed by a general swelling, then by fever, somnolency, and delirium; and, notwithstanding all medical care, death ensued in the course of a few hours. The kind of caterpillar which caused this disaster was the *Bombyx processionea* of Réaumur, a very venomous species. Botanists know that if a nest of these insects be touched, or only stirred up with a stick, the person so doing, and remaining for some time near the spot, within reach of the emanations arising therefrom, will be attacked with a papulous eruption of a more or less confluent nature, which will last several days, and be attended with violent itching. Dr. Calmell, physician to the Hospital at Charenton, had preserved a nest of these caterpillars in a large glass phial, which was not opened for upwards of ten years. At length, the phial being accidentally wanted, it was opened in the presence of several persons, who all caught the eruption. This strange property has even suggested to several members of the faculty the idea of using these caterpillars in cases in which it is required to subject the skin to a strong and permanent irritation. We may remark, in conclusion, that the number of caterpillars which infest the trees this year all over France is quite unprecedented—a circumstance which has called the attention of the authorities and of various learned societies to the question of protecting insectivorous birds, the only really efficacious enemies of the caterpillar."

The Editor of *The Field* makes the following addition to the above:—"In this country, too, our hedges and woods are defoliated by caterpillars, owing to the destruction of small birds by means of poisoned wheat. The natural history of the procession moth, as well as the injurious effects of its hairs, were known from the earliest times. See Pliny's *N. H.*, b. 38, c. 9; Amoureux, p. 158; Mouffet, p. 183; Réaumur, vol. ii., p. 191—5; and Kirby and Spence, vol. i., pp. 130, 475, and vol. ii., p. 23. The effect of the hairs of this insect is not generally fatal, but the irritation is intense. An Australian species, *Lasiocampa vulnerans*, is still more fearful in its effects."

The above information may, I hope, prove acceptable to Mr. George Mason, of Deal, whose letter on the same subject appeared in THE LANCET of July 5th.

I am, Sir, yours, &c.,

July, 1862. R. W. F.

*To the Editor of* THE LANCET.

SIR,—The occurrence noticed by Mr. Mason is not at all infrequent, and similar cases have often been recorded. The irritation is undoubtedly caused by the hairs of the caterpillars, which do not affect the hard skin of the hands, but readily enter that of the face and neck. The "woolly-bear" (*Arctia caja*) is comparatively harmless in this way, except to very delicate skins; but the hairs of the larva of the brown-tail moth (*Porthesia chrysorrhœa*) cause intense agony, and the French papers teem with notices of "poisonings" by the larva of the procession caterpillar (*Bombyx processionea*), which is not found in this country.

I am, Sir, your obedient servant,

London, July, 1862. F. L. S.

*An Old Subscriber*, (Macclesfield.)—The parade in the *Macclesfield Observer* of the qualifications of Messrs. Fernie, Newbold, and Allen, seems scarcely consistent with professional propriety.

*L.R.C.P.I.*—We are of opinion that the eclectic views of Dr. Sieveking upon the treatment of the malady in question are more worthy of acceptation than those of any other recent writer upon that terrible disease.

### MEDICAL ASSISTANTS.

*To the Editor of* THE LANCET.

SIR,—I read with no small amount of pleasure the letter of "A Qualified Assistant" in your impression of July 5th, and I beg most fully to endorse his sentiments.

It is indeed high time that some active steps were taken to ameliorate the present condition and uphold the rights of medical assistants. Certainly no class of men possessing an equal *locus standi* and social position are so shamefully underrated as medical assistants are by their more prosperous and older brethren. The average pay of a medical assistant does not exceed that of a good butler or a clerk in a mercantile house, notwithstanding the time and money that must necessarily have been expended in order to fit him for such a post, and yet on this frequently paltry pittance he is more than often expected to undertake the majority of the arduous work of a large practice, and support a wife and family.

Your correspondent's remarks with respect to the habit of binding assistants not to practise or enter into other engagements within a prescribed distance are also equally just. It is obviously most unfair to compel a man to put himself so completely in the power of his employer, who can at any time send him adrift, and by this means cut off the slight chance he may have of doing anything for himself from any connexion he may have formed. This applies the more especially as many employers often discharge clever and competent men for the merest trifles.

Trusting that this matter will be taken up by some of those who are not only willing but able to effect some permanent good, and apologizing for occupying so much of your valuable space,

I am, Sir, respectfully yours,

July, 1862. ANOTHER QUALIFIED ASSISTANT.

*Jurist.*—There is a case upon record which proves that a poisonous dose of corrosive sublimate may kill an infant within twenty minutes from the time of its being swallowed.

*A Statistical Inquirer.*—According to a calculation recently made, it has been shown that not less than 300,000 persons have committed suicide in France since the beginning of the present century.

### NITRO-BENZOLE WITH COD-LIVER OIL.

*To the Editor of* THE LANCET.

SIR,—May I ask you to correct two errors in the letter which you inserted for me in your last impression?

I do not propose nitro-benzole as a *substitute* for cod-liver oil, but as an addition to it, by way of lessening its nauseous taste, and producing some sedative action on the cough. I do not recommend this addition from its *unpleasant* taste, but, on the contrary, for its very agreeable flavour.

Faithfully yours,

Vigo-street, July, 1862. WILLIAM H. STONE, M.A., M.B., &c.

*To the Editor of* THE LANCET.

SIR,—As the subject of nitro-benzole is at present attracting some attention from the profession, the following case may perhaps be interesting:—

A gentleman engaged in chemical pursuits, while preparing some nitro-benzole, was induced, through curiosity to discover its flavour, to touch it in the slightest possible manner with the tip of his tongue. In a very short time he felt giddy, complained of headache and great weight and oppression at the chest. These symptoms continuing, I was requested to see him, and found him in the following condition:—

His hands, which had been immersed in the fluid, were stained a deep-yellow colour; his face drawn; complexion of a livid hue; the mucous membrane of the lips, mouth, and palate of a deep blue; and the tongue was also of the same colour; the skin cold; pulse small and quick; nervous tremor; headache; and great oppression at the chest. I gave him effervescing medicine, with ammonia, and ordered him brandy-and-water. Towards night the headache became most severe, and vomiting ensued. During the night he was in a restless, moaning condition, and had convulsive motions of the hands and lower jaw. The following morning the headache was much relieved, and the lips and tongue still retained the bluish tinge. He remained for some days rather low, and in a weak state, and it was not until the fourth day that the natural freshness of the skin quite returned.

Whether the severity of these symptoms was due to absorption by the hands or the quantity taken on the tongue, it is perhaps difficult to say; but it evidently behoves everyone not to be too indifferent to the risk of cutaneous absorption while engaged in the manufacture of such powerful chemical preparations.

I remain, Sir, your obedient servant,

HENRY W. HUBBARD, L.R.C.P.L.

St. Peter's Lodge, Stanley-gardens, July, 1862.

*To L. U. S. C.* will send his name and address, he shall receive the information he requires.

*New Remedies.*—Messrs. Savory and Moore, Squire, and Twinberrow, have all issued notices to the profession in London, that they are prepared to supply the new American remedies lately discussed in THE LANCET.

### UNREGISTERED PRACTITIONERS.

*To the Editor of* THE LANCET.

SIR,—A great amount of correspondence has been printed upon the subject of illegal practice; but I am of opinion the Registrar-General could stop many impositions if provincial Registrars were forbidden to receive certificates from any but qualified practitioners.

It may be asserted that such is a breach of duty; but many of them receive such certificates, a few instances of which I can forward to you if required, and no doubt others in the profession can considerably increase the list. I think the more satisfactory course would be for some one in office to make an unexpected round of calls, and see the memorandum files.

I have written to the Medical Registrar with respect to parties using the title of "surgeon," having plates upon their doors, and in every way imitating the legally qualified; but was respectfully informed "no such names were in the Register, and proceedings to compel them to take down their plates must be taken by myself."

For whose benefit or for what purpose was the registration fee demanded?

Yours respectfully,

July, 1862. FIVE GUINEAS THROWN AWAY.

*An Old Subscriber*, (Dewsbury.)—The card of Mr. William Connon is not creditable to his taste.

*M. P. O. K.*—1. To Dr. Carpenter, Registrar, University of London, Burlington House, Piccadilly. — 2. Dr. Pitman, Registrar of the College of Physicians, Pall-mall East.

### PRELIMINARY EDUCATION.

*To the Editor of* THE LANCET.

SIR,—You have always advocated the necessity of *general* education among medical men, and the recent edicts as regards the "examination of assistant-surgeons in the army previous to promotion" have been ably commented on by you. I now beg to enclose, for the benefit of yourself and readers, one of the finest curiosities of English medical composition of modern days. You will at once, Sir, perceive the able style in which the information is presented, the purity of the language, and the real music of the words. The subject is important, for it relates to "the use of calves'-feet jelly in military hospitals;" and regimental medical officers are here informed that—

"The Secretary of State's sanction is announced to medical officers, who, on satisfying themselves as to the necessary purity of the jelly to be procured, are authorized henceforth to order it in such cases of severe and emergent disease as their patients' condition may appear to them to demand specially its administration."

Here, then, is a model of composition which should be deeply studied by assistant-surgeons, as doubtless the answers they write in their examination will be expected to be of the same style as that adopted by their superiors.

I remain, Sir, yours, &c.,

July, 1862. AN ASSISTANT-SURGEON.

*Alpha.*—Dr. Percy, an American physician, is the gentleman in question. He has lately advised the injection of healthy human urine into the bladder of a patient suffering from *calculus vesicæ*. Such urine is affirmed to be a true solvent for certain forms of calculous concretions. Dr. Percy has successfully employed his own renal excretion for this purpose, and it is said with good results.

### MENISPERMUM FENESTRATUM.

*To the Editor of* THE LANCET.

SIR,—In your number of the 5th instant, under the "Description of New Remedies," you say "it is probable that a readier and more certain supply of the American species (Menispermum Canadense) can be obtained than of that from the Island of Ceylon (Menispermum fenestratum), and this may recommend this drug in preference for experiment in this country."

As this would tend to the belief that none of the drug is obtainable in England, will you kindly allow us, through the medium of your journal, to state that we have in our possession a large supply of the Menispermum fenestratum root from the Island of Ceylon. From this we have for some time prepared an extract, a specimen of which is amongst the Pharmaceutical Society's collection at the International Exhibition. The extract in ten-grain doses, or an infusion of the root, is in general use amongst some of our medical friends, and spoken of by them as yielding the best results, agreeing entirely with the effects you ascribe to it. With apologies for troubling you,

We are, Sir, yours obediently,

Leadenhall-street, July, 1862. DARBY AND GOSDEN.

*House-Surgeon.*—Application may be made to Mrs. Andrews, Institution for Nurses, North Audley-street, Grosvenor-square.

*W. F. R.* shall receive a private letter.

*Subscriber*, (Liverpool.)—We believe he is legally entitled to call himself "surgeon," and therefore there is no penalty for his so doing.

### A REAL GRIEVANCE OF THE INDIAN MEDICAL SERVICE.

*To the Editor of* THE LANCET.

SIR,—If Sir Charles Wood, in view of his sense of their merits, do not desire to rid himself of the senior members of the Indian medical service, why does he not, on that very ground, at once set about placing them on the same footing as to furlough pay as their now more fortunate brethren of the British army? These draw, as surgeons and assistant-surgeons, from £1 2s. to 10s. per diem; whereas those of the Indian service only draw from 10s. 6d. to 6s. 6d., no matter how long their service. Would he do this, he might protract as long as he needs or chooses to do, the measure of amalgamation, without any occasion for grumbling on the part of the Indian medical officers. This scanty subsistence allowance, especially in the case of those *compelled* to return to Europe on sick leave, unquestionably demands early revision and adoption of a scale similar to that for British medical officers (under Warrant of October, 1858). By early attention to this point, Sir Charles Wood would secure the gratitude of all concerned.

I am, Sir, your most obedient servant,

July, 1862. PHILO-MACHAON.

### THE HOSPITAL FOR STONE.

*To the Editor of* THE LANCET.

SIR,—I shall be much obliged if in your journal you will allow me to contradict the report of my having been a steward of the recent dinner of the Hospital for Stone, &c. I find it is commonly believed in consequence of my name having appeared in print. I was asked to be a steward, and I declined. When after this my name was advertised, I wrote to the Secretary and protested, and some cards for the dinner, which I received, I returned to him.

I am, Sir, your obedient servant,

Upper Brook-street, July, 1862. J. F. STREATFEILD, M.R.C.S.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. H. Osborn; Mr. Longmore; Mr. Lingen, Hereford; Dr. Falconer; Mr. Lovelace; Mr. M. W. Berry; Mr. Whitmarsh, (with enclosure;) Dr. J. M'Grigor Croft; Dr. E. Bishop; Dr. Nicolas, Portland; Dr. Roberts; Dr. W. H. Stone; Mr. Skinner, Daventry; Dr. Corry, Belfast; Dr. Lynes, Coventry; Mr. Waters, West Bromwich, (with enclosure;) Mr. Wilkinson, Stockport; Mr. Evans, Blaenant, (with enclosure;) Mr. Hepworth, Patricroft, (with enclosure;) Mr. Symes; Mr. Hiron, Birmingham; Mr. Bewicke, (with enclosure;) Mr. King, (with enclosure;) Mr. Bailey; Mr. Downe, Cambo, (with enclosure;) Mr. Jennings, Coleford, (with enclosure;) Mr. Colquhoun, West Pelton, (with enclosure;) Mr. Walton, Macclesfield, (with enclosure;) Mr. Bennett, Manchester; Mr. Prichard, Northampton; Mr. Hollingsworth, Rathfriland, (with enclosure;) Mr. Murray, Stoke, (with enclosure;) Mr. E. Griffin, Weymouth; Mr. J. Ward; Mr. J. Batton, Strabane; Mr. Parker, Bath; Mr. Roe, Eccles, (with enclosure;) Mr. Bodington, Sutton Coldfield; Dr. Hutchinson, Cardiff; Dr. Pearce, Weobley, (with enclosure;) Mr. Smith, Egremont, (with enclosure;) Mrs. Porter, Birmingham, (with enclosure;) Mr. Tallan, (with enclosure;) Mr. F. Mewburn, Darlington; Dr. Lankester; Mr. Dunn; Dr. Wood, Gloucester, (with enclosure;) Mr. Keys, Gravesend, (with enclosure;) Dr. Tibbits, Warwick, (with enclosure;) Mr. Burre, Slough; Mr. Whymper, (with enclosure;) Mr. Edwards, Llanasaintfraid; Mr. C. Cranmer, (with enclosure;) Dr. Hyde Salter; Mr. Henry Lee; Mr. C. Whitefield, Kilsby, (with enclosure;) Dr. Thompson; Mr. Davies, Newcastle Emlyn; Mr. Arnold, Blackburn; Dr. Gordon; Mr. Sloper, Tredegar, (with enclosure;) Mr. Young, Dunsfer, (with enclosure;) Mr. Toyne, Bradford, (with enclosure;) Mr. Streatfeild; Mr. Oldaker, Avonfield, (with enclosure;) Mr. Packard, Leiston; Mr. G. Thompson, (with enclosure;) Mr. J. T. Clover; Dr. H. H. F.; L. U. L. C.; the Secretary of the Epidemiological Society; W. F. R.; Subscriber; A. B. C.; Royal College of Physicians; M. F. O. R.; M.D.; Manchester Sanitary Association; Registrar-General of Edinburgh; W. E.; W. H. F.; An Old Subscriber; W. R.; the Pharmaceutical Society; A. B., (with enclosure;) J. C., (with enclosure;) Nil Desperandum; S. E. T., (with enclosure;) Crystal Palace Company; E. P.; &c. &c.